



APPLICATION FOR DIGITAL-ONLY MEMBERSHIP

We hereby make formal application for **Digital-Only Membership** in the **Southern Newspaper Publishers Association**. Enclosed is our payment of \$500 covering membership dues for 2014.

Digital-Only Company's Name: _____

Website Address: _____

Key Company Contact: _____ Title: _____

Email: _____ Phone: _____

Billing Contact: _____ Title: _____

Email: _____ Phone: _____

Address: _____

City: _____ State _____ ZIP Code: _____

Main Telephone: _____ Fax: _____

About Us:

PAYMENT

By check: Please make your check payable to SNPA.

By credit card:

Type of Card (AMEX, MasterCard, Visa): _____

Card Number: _____ Expiration Date: _____

Name on Card: _____

Please return your application and payment by mail, by fax or via email:

Mail: SNPA, 3680 N. Peachtree Road, Suite 300, Atlanta, GA 30341

Fax: 404.252.9135 **email:** Howard.Hoffman@snpa.org **Telephone:** 404.256.0444