



APPLICATION FOR PRINT PUBLICATION MEMBERSHIP

We hereby make formal application for **Membership** in the **Southern Newspaper Publishers Association**.

We agree to pay annual or semi-annual membership dues, as fixed by the SNPA Board of Directors. Our daily/weekly (circle one) circulation for the period ended September 30 was _____. Based on our circulation, our annual dues will be \$_____*. (see dues table)

(Name of Print Publication)

Circle: AM PM All Day

What days of the week do you publish in print?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

_____ OR _____ Independent
(Group Affiliation)

Key Company Contact: _____ Title: _____

Email: _____

Billing Contact: _____ Title: _____

Email: _____

Address: _____

City: _____ State _____ ZIP Code: _____

Telephone: _____ Fax: _____

Newspaper Website: _____

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