



# ACADEMIC MEMBERSHIP

Non-voting membership

Date: \_\_\_\_\_

### Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)

Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Name of School/University \_\_\_\_\_

Physical Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Invoicing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Daily or Weekly Newspaper

- Weekly Newspaper/Circulation: \_\_\_\_\_
- Daily Newspaper/Circulation: \_\_\_\_\_
- Monthly Newspaper/Circulation: \_\_\_\_\_
- Online Newspaper/unique visitors per month: \_\_\_\_\_

### Required documents to be submitted

- Academic Membership Application
- If you have a print edition, please send one newspaper from the last two months published (two total newspapers).

**Please mail all required documents to:** Illinois Press Association · 2501 Chatham Rd., Suite · Springfield, IL 62704

### Dues Payment

An Academic Membership is \$100.00 per calendar year. On approval, a dues invoice will be sent out. Upon receipt of payment, new member will be notified of active status and receive new member information.

### Suspend/Expel membership

The Association reserves the right to suspend or expel a member for behavior contrary to its By-Laws as determined by the Board of Directors.

**Contact Information**

**Primary Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Editor/Editorial Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Advertising Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**School Administrator:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Advisor:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Others**

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_