



REGULAR MEMBERSHIP APPLICATION

Voting membership

Date: _____

Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)

Name of Newspaper/Business _____

Name of Publisher _____

Physical Street Address _____ City/State/Zip _____

Invoicing Address _____ City/State/Zip _____

Phone _____ Alternate Phone _____ Fax _____

Email _____ Website _____

Name of person completing form if not publisher:

Name _____ Email _____

Publication frequency

Daily Newspaper/Circulation: _____ (4 x or more/week)

Please list all days of the week you publish: _____

Weekly Newspaper/Circulation: _____ (3 x or less/week)

Please list all days of the week you publish: _____

Point of Publication--Place of first distribution of newspaper

(determines your "published in" status for public notices)

Street Address _____ City/State/Zip _____

County _____ Township _____

Required documents to be submitted with membership application

- One newspaper from the last four months published (four total newspapers).
- Current advertising rate card
- IPA staff may ask for copies of printing invoices, Periodical Permit Postage statement or other documents to verify printing and distribution.

Please mail all required documents to: Illinois Press Association · 900 Community Drive · Springfield, IL · 62703

Dues Payment

Your dues investment is determined by your advertising rate card. Our calculation is your national rate x 45, billed annually. On IPA Board of Directors approval, a dues invoice will be sent out. Upon payment receipt, new member will be notified of active status and receive new member information.

Each participant must agree to supply the IPA with any supporting documentation for this required information within 10 working days of a request from the IPA.

Each participant must acknowledge that providing false information to the IPA, or failing to provide supporting documentation to the IPA will result in disqualification from participation in PNI. This will result in disqualification from publication and posting of legal notices.

Signature of Publisher

Ownership Contacts (This information is also required by USPS 3526)

Corporate/Individual Names(s) _____

Corporate Address _____

City/State/Zip _____ Corporate Phone _____

Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of the individual owners. If owned by a partnership of other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address

Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box None

Full Name	Complete Mailing Address

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

President/CEO:

Name _____

Email _____ Phone _____

Publisher:

Name _____

Email _____ Phone _____

Editor/Editorial Contact:

Name _____

Email _____ Phone _____

Advertising Contact:

Name _____

Email _____ Phone _____

Bookkeeping/Accounting Contact:

Name _____

Email _____ Phone _____

OTHERS

Title _____

Name _____

Email _____ Phone _____

Title _____

Name _____

Email _____ Phone _____