



# 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 · 2501 Chatham Rd., Suite 200 · Springfield, IL · 62704

**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 or 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 \_\_\_\_\_

