



Florida Press Association Associate Membership Application



Company Name: _____

Years in business: _____

Publisher/ Sr. Manager: _____ Direct Email: _____

Address (required): _____

Phone: _____ General email (for publication): _____

Fax: _____ Website: _____

Please list three Florida newspapers that you currently work with or sell your product(s) to:

- 1)
- 2)
- 3)

*If your company is a publication, please include with your application three copies of your most recent issue. Otherwise, please include 3 promotional brochures or information sheets describing your company and its goods/services.

*Your application should include a paragraph describing your interest in becoming an FPA member.

Annual Dues
\$315

We understand annual dues are payable as specified in the FPA bylaws. Our application fee (the equivalent of one year's dues) accompanies this form and shall upon approval of this application be applied to the first year's dues. Should this application be disapproved the entire application fee shall be returned. Upon approval of this application, we understand that we shall receive press cards (if active member); an automobile decal; be added to the mailing list to receive the communications Florida Press bi-weekly e-Bulletins and Legislative Bulletins; be included in the next FPA Online Media Directory; be able to participate in all FPA meetings and conventions; and be eligible for any and all other services provided by the Association for its members, as long as our membership is maintained in keeping with the bylaws of the association.

Signed

Title

Print name

Date

For questions, please contact Devon Dunkle, Membership Coordinator, ddunkle@flpress.com or 321-283-5272