



Florida Press Association Affiliate Membership Application



Newspaper: _____

Years in business: _____

Publisher: _____ Direct Email: _____

General Manager: _____ Direct Email: _____

Address: _____

Phone: _____ General email (for publication): _____

Fax: _____ Website URL: _____

(The various provisions and categories of membership are described on the reverse side of this application)

Our newspaper regularly publishes _____ issues each: week or month, dated appropriately for the following days:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Our publication is: paid, controlled, or free with a circulation of _____ copies.

Single copy price: _____ Annual subscription cost (local address): _____

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 office use only:

Accepted into FPA by:

Chairperson, FPA

Date

Director, Operations

Date

Member Services Coordinator

Date

Date paid:

Amount: