



Mid-Atlantic Community Papers Association ASSOCIATE MEMBER MEMBERSHIP APPLICATION

P. O. Box 408, Hamburg, PA 19526 • 1-800-450-7227 (610) 488-7774 Fax (610) 743-8500

ASSOCIATE MEMBERSHIP REQUIREMENTS

Associate Membership in this Association shall be limited to those businesses who can provide services and goods to the publishers of the Mid-Atlantic Community Papers Association. Those associate members with publications who derive at least 75 percent or more of their publication revenue from free-circulation papers, and all of whose free-circulation papers meet the requirements of a regular membership. (See regular membership application for requirements.)

APPLICATION FOR MEMBERSHIP

I/We have examined the Membership Requirements and Code of Ethics of the Association, here-by make application for membership in the Mid-Atlantic Community Papers Association, and submit the following information in support of my/our application, together with payment of first-year dues of \$125 along with 12 copies of literature and back-up materials of my business.

Legal Name of Firm _____ Corp/SS# _____

Owner/Parent Corp. _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (Complete if different from above)

Address _____

City _____ State _____ Zip _____

Telephone (____) ____ - _____ Fax No. (____) ____ - _____ Cell (____) ____ - _____

Website: _____

Email: _____

Check the online business networks you are a member of: LinkedIn Plaxo Twitter

Facebook

Business References (3):

Name _____ Telephone (____) ____ - _____

Address _____

Name _____ Telephone (____) ____ - _____

Address _____

Name _____ Telephone (____) ____ - _____

Address _____

I hereby apply for membership to the Mid-Atlantic Community Papers Association. I have read and agree to the requirements of membership.

Signed: _____ Date: _____

Sponsoring Member Publication (if applicable) _____