



# Application for Membership

Arizona Newspapers Association  
1001 N. Central Ave, Suite 670  
Phoenix, AZ 85004-1947  
Ph: 602-261-7655  
Fax: 602-261-7525

Check membership type applying for:

- Newspaper     Online
- Associate     Personal     Student

Applicant Name/Publication \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email Address \_\_\_\_\_ Web Page Address \_\_\_\_\_

How many years active in business in Arizona (if Associate applicant)? \_\_\_\_\_

## REGULAR NEWSPAPER & STUDENT NEWSPAPER APPLICANTS ONLY

Year Publication Established \_\_\_\_\_ Date of First Issue \_\_\_\_\_

Frequency:  Daily     Weekly     Bi-Weekly     Monthly     Bi-Monthly     Other, specify: \_\_\_\_\_

Publication Day(s): \_\_\_\_\_ Publisher(s) \_\_\_\_\_

Subscription Rate per Year (in County) \$ \_\_\_\_\_ Other \_\_\_\_\_

National Advertising Rate (inch): \$ \_\_\_\_\_ Advertising Deadline: \_\_\_\_\_

Mechanical: No. of Columns \_\_\_\_\_ Pica Width \_\_\_\_\_ Length \_\_\_\_\_

Paid Circulation Total \_\_\_\_\_ Free Circulation Total \_\_\_\_\_

How Verified or Audited?:  Audit Bureau     Postal Statement of Ownership     Publisher's Sworn Statement

NOTE: 10 copies of current issue must be submitted with NEWSPAPER membership applications

Management/Advisory Staff Names	Titles

References	Address	Phone

Suggested for Membership By: \_\_\_\_\_

### ANA OFFICE USE ONLY

Date Application Received _____	Next Board Meeting _____
Check Number _____	Date Approved _____