



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:			
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Associate	<input type="checkbox"/> Personal	<input type="checkbox"/> 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 _____