



TEXAS PRESS ASSOCIATION

ESTABLISHED 1880 / 8800 BUSINESS PARK DR STE 100, AUSTIN, TX 78759 / 512-477-6755 / FAX 512 477-6759 / WWW.TEXASPRESS.COM

Application for Participating Membership

Desiring to join in promoting the best interest of the newspaper industry in Texas,

the _____ of _____
(Name of Newspaper) (City and State)

hereby applies for participating membership in the Texas Press Association, in keeping with provisions set forth in the TPA By-Laws and membership rules. We certify that this newspaper has an audited circulation of _____ on which annual dues are payable as follows: Daily newspapers pay 8 cents times audited circulation plus the cost of a 24-column-inch ad (at the national display rate); Non-daily newspapers pay 9 cents times audited circulation. Minimum dues are \$60 per year. In addition, there is a one-time application fee equal to six months dues.

Our application fee of _____ (the equivalent of six months dues), our pro-rated annual dues payment of _____ and our most recent circulation audit accompany this application. Upon approval for membership, we understand that we shall be sent a TPA membership card, be added to the TPA mailing list to receive the *Texas Press Messenger*, the *TPA e-Newsletter* and all other mailings; be added as a TPA member in the *Texas Newspaper Directory*; and be eligible for any and all other services provided by the association for its Active Members, with the exception of serving on the board and participating in official association business.

We hereby agree to supply the TPA Archive with a pdf of each and every issue of our newspaper.

It is our understanding that membership is automatically renewed each year and that membership may be discontinued upon 30-days notice by the newspaper or by the Association.

Our application is made on (Date) _____ .

(Signed) _____

(Title) _____

=====

Payment Method: Name on Card _____

Check Billing Zip Code of Card: _____

Credit Card Card # _____

MasterCard Visa Expiration _____ Security Code _____

Discover Am. Exp. Email Address for confirmation _____

Amount Paid \$ _____

Signature _____



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Member Information Form

Qualifications

1. Please list audited circulation _____
2. Does your publication exceed 75% advertising in more than half its issues per year?

3. Has your newspaper been published continuously for the last 12 months? _____
4. Is your publication a paid-circulation product? _____
5. Does your publication maintain a U.S.P.S. Periodicals Mailing Permit? _____
6. Is your newspaper published in Texas? _____
7. Please describe the focus of your news content:

8. What is your publication frequency? (Daily, Semi-weekly, weekly, monthly, etc.)

Database information:

- | | |
|----------------------------------|---|
| 1. Name of Newspaper _____ | 9. Editor name _____ |
| 2. Mailing Address _____ | 10. Ad manager name _____ |
| City, State, Zip _____ | 11. Owner of publication _____ |
| 3. Telephone number _____ | 12. Publication Day _____ |
| 4. Fax number _____ | 13. Page Size (columns x inches) _____ |
| 5. Website URL _____ | 14. Column Width (inches) _____ |
| 6. Public email address _____ | 15. Founding Date _____ |
| 7. Private publisher email _____ | 16. Number of full-time employees _____ |
| 8. Publisher name _____ | 17. Who prints your paper _____ |