New Jersey Press Association

810 Bear Tavern Road, Suite 307, West Trenton, NJ 08628
Phone 609-406-0600 • NJPA fax 609-406-0300 • NJNN fax 609-406-0399
E-mail membership@njpa.org • www.njpa.org

Please attach your U.S.P.S. statement of ownership, management and circulation (Form 3526) or an audited circulation report.

Newspaper Membership Application

PLEASE PRINT

Official name of newspaper: _____

Name of publishing firm: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Fax number: __ _____

Publisher's name: _____

Website: _____

E-mail: _____

Date newspaper was established: _____ Language (English, other):_____

Circulation: Paid: _____ Free: _____ Type of audit (AAM, CAC, USPS, etc.): _____

Total households in your circulation area: _____

Frequency of publication: _____

Price per copy (if paid): _____ Subscription price: _____

Is newspaper sent largely to members of any group or organization? (yes or no): _____

If yes, is the subscription price included in membership dues? (yes or no): _____

Is newspaper printed for any particular race, sec. or creed? (yes or no): _____

If yes, please give detailed answer: _____

Signature:_____ Title: _____

Date: _____

Please attach a copy of your most recent newspaper audit, postal statement or publisher's sworn statement, and the last four consecutive issues of your newspaper, along with a check or money order to cover your annual dues assessment. Please check with the New Jersey Press Association for the correct amount. Forward to: Programs Manager, New Jersey Press Association, 810 Bear Tavern Road, Suite 307, West Trenton, NJ 08628. If you choose to pay by credit card, please contact Peggy Arbitell at 609-359-7381 or parbitell@njpa.org for an invoice.