



ACADEMIC MEMBERSHIP

Non-voting membership

Date: _____

Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)

Name of Applicant _____ Title _____

Name of School/University _____

Physical Street Address _____ City/State/Zip _____

Invoicing Address _____ City/State/Zip _____

Phone _____ Alternate Phone _____ Fax _____

Email _____ Website _____

Daily or Weekly Newspaper

- Weekly Newspaper/Circulation: _____
- Daily Newspaper/Circulation: _____
- Monthly Newspaper/Circulation: _____
- Online Newspaper/unique visitors per month: _____

Required documents to be submitted

- Academic Membership Application
- If you have a print edition, please send one newspaper from the last two months published (two total newspapers).

Please mail all required documents to: Illinois Press Association · 900 Community Drive · Springfield, IL · 62703

Dues Payment

An Academic Membership is \$100.00 per calendar year. On approval, a dues invoice will be sent out. Upon receipt of payment, new member will be notified of active status and receive new member information.

Suspend/Expel membership

The Association reserves the right to suspend or expel a member for behavior contrary to its By-Laws as determined by the Board of Directors.

Contact Information

Primary Contact:

Name _____

Email _____ Phone _____

Editor/Editorial Contact:

Name _____

Email _____ Phone _____

Advertising Contact:

Name _____

Email _____ Phone _____

School Administrator:

Name _____

Email _____ Phone _____

Advisor:

Name _____ Title _____

Email _____ Phone _____

Others

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____