



# DIGITAL NEWS MEDIA MEMBERSHIP

Non-voting membership

Date: \_\_\_\_\_

**Applicant Information (AS IT WILL APPEAR IN MEMBERSHIP DATABASE)**

Name of Business \_\_\_\_\_

Name of Publisher \_\_\_\_\_

Physical Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Invoicing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Name of person completing form if not publisher:

Name \_\_\_\_\_ Email \_\_\_\_\_

**Audience**

Online/Unique Visitors per month: \_\_\_\_\_

Online/Total Visitors per month: \_\_\_\_\_

**Dues Payment:**

Digital News media Membership is \$450.00 per calendar year. On IPA Board of Directors 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.

**Please send application to:**

Illinois Press Association · 2501 Chatham Rd., Suite 200 Springfield, IL 62704 or email to membership@illinoispress.org

**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.

**Ownership Contacts:**

Corporate/Individual Names(s) \_\_\_\_\_

Corporate Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Corporate Phone \_\_\_\_\_

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**Contact Information**

**President/CEO:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Publisher:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Editor/Editorial Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Advertising Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Bookkeeping/Accounting Contact:**

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_