



Digital News Media Membership Application

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 · 900 Community Drive · Springfield, IL · 62703 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 _____

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 _____