

# Alabama Press Association Application for Associate Membership

Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Web site address: \_\_\_\_\_ Social Media: \_\_\_\_\_

Name of person to receive mailings: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

In keeping with the provisions set forth in Article IV, Section 4 and 5 of the APA constitution and by-laws as quoted on this this form \_\_\_\_\_ hereby applies for associate membership. (name of company)

Our organization is engaged in the business of: \_\_\_\_\_ (give brief description of business)

Our application fee (the equivalent of one year's dues), accompanies this form and shall, upon approval of this application, be applied to the first year's dues. Should this application be disapproved we understand the entire application fee is to be returned. Upon approval of this application and payment of annual dues, we understand that we will be added to the mailing list to receive AlaPressa and the APA Rate and Data Guide and 2019 directory. We will also have the right to participate in all APA meetings and conventions and will be eligible for other services provided by the Association for its associate members, as long as our affiliation is maintained in keeping with constitutional provisions.

**NOTE: "Contributions or gifts to the Alabama Press Association are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense."**

The qualification of members, and the manner of their admission, is and shall be as follows:

Section 4: Associates: Associate membership shall be limited to authorized representatives of trade journals, advertising agencies and representatives, printing supply manufacturers of jobbers, publications other than newspapers, schools or departments of journalism, and businesses, industries or organizations which subscribe to our purposes, who desire affiliation with this Association. Such Associate Membership shall be social only.

Section 5: Method of Admission: Applications for membership shall be made in writing to the Executive Director and shall be accepted by a two-thirds vote of the Board of Directors voting.

Accepted for APA by: \_\_\_\_\_ (Executive Director) Date: \_\_\_\_\_

Check or CC number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

## APA Office use only:

Application received \_\_\_\_\_  
Receipt letter mailed \_\_\_\_\_  
Application copies to APA board \_\_\_\_\_  
Two week deadline date \_\_\_\_\_  
Approval notice mailed to applicant \_\_\_\_\_  
Directory mailed \_\_\_\_\_  
Plaque mailed to applicant \_\_\_\_\_

Added to mailing list \_\_\_\_\_  
Added to email \_\_\_\_\_  
Added to Web \_\_\_\_\_  
Copy put in AlaPressa drawer \_\_\_\_\_  
Membership begins: Effective upon approval  
**through December 31, 2019**  
Amount: \$400

