



Local papers. Millions of readers. Deeply discounted rates.

ENROLLMENT & AD DISTRIBUTION FORM (Part I)

Please complete this form as accurately as possible. If you have any questions, please contact the Classified Avenue Headquarters office at (888) 486-2466.

Please send the fax ads to: (NAME) _____

(TITLE) _____ (PHONE) _____

(FAX) _____ (E-MAIL) _____

Do you prefer to have the weekly Classified Avenue ads e-mailed or faxed to you:

E-mailed (E-mail address: _____)

Faxed (fax number: _____)

Whom shall we direct Classified Avenue-related telephone calls, e-mails, and other correspondence to?

(NAME) _____

(TITLE) _____ (PHONE) _____

(FAX) _____ (E-MAIL) _____

(NEWSPAPER NAME) _____

(ADDRESS) _____

(CITY) _____ (STATE) _____ (ZIP) _____

By signing below, I have read the Classified Avenue Information Sheets and agree to run the ads that I receive each week. I also agree to provide tear sheets on a quarterly basis and complete an annual questionnaire.

Signature of Classified Avenue Representative _____ Date: _____

Benefits of being a Classified Avenue Participant:

33% Annual Local Media Association Dues Reduction

Rebate Checks

Substantial Discounts on Local Media Association Conferences

Please fax this form to Classified Avenue Headquarters at (231) 932-2985.



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ENROLLMENT & AD DISTRIBUTION FORM
(Part II)

PUBLISHING COMPANY NAME: _____

PARENT COMPANY NAME: _____

NAME OF CLASSIFIED AVENUE CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL: _____ URL: _____

List all newspapers published by company listed above and indicate which one you will be running the weekly Local Media Association Classified Avenue ads in. (Please copy this sheet if you need additional lines)

Newspaper Name	Circulation	Frequency	Day Published	Running Classified Avenue ads (Yes/No)

By signing below, I acknowledge that I have read the Classified Avenue Information Sheets and agree to terms of Classified Avenue.

Publisher Name: _____ Phone: _____

Publisher Signature: _____ Date: _____

Publisher E-mail: _____

Classified Avenue Contact Signature: _____ Date: _____

Tax ID: _____

THANK YOU FOR PARTICIPATING IN CLASSIFIED AVENUE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CLASSIFIED AVENUE HEADQUARTERS AT (888) 486-2466.

Please fax this form to Classified Avenue Headquarters at (231) 932-2985.