

LocalMedia association

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Application – Associate (Vendor) Membership

Please complete this application and submit to Local Media Association.

Company Name: _____ Tax ID #: _____
Business Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Telephone: _____ Fax: _____
Web Site URL: _____
Name of Delegate Representative to Local Media Association: _____
Application Completed By: _____ Date Submitted: _____

Key Personnel*

Company President: _____
Phone: _____ Email: _____
Name/Title: _____
Phone: _____ Email: _____
Name/Title: _____
Phone: _____ Email: _____

* Please list all other key staff that you would like to see on the Local Media Association mailing and e-mail list (use a separate sheet of paper if necessary).

Additional Cities Where Offices are Located: _____

**Please indicate any additional locations that are different from the main address (use a separate sheet of paper if necessary).

Membership Dues / Payment Method

Local Media Association Associate Member annual dues are **\$659***
Suggested Local Media Foundation Donation** \$50.

Total Amount Due: _____


* Membership renews automatically at the start of the new year unless written notice of cancellation is provided.


**Please consider adding this amount (or any amount of your choosing) to your Local Media Association membership dues payment. We need the funds to sponsor valuable research and educational programs in 2012 that will provide relevant, top-of-mind information to suburban and community newspapers to assist with their transition to multimedia publishing. Thank you for your support of this important work on behalf of our industry. The Local Media Foundation, Tax ID #36-4427750, is a 501(c)(3) charitable trust and donations are tax deductible.

Please make check payable to Local Media Association. Payment must be made in U.S.D.

 **By Mail**
Local Media Association
116 Cass Street
Traverse City, MI 49684

 **By E-Mail**
Reply to
hq@localmedia.org

 **By Phone**
For dues or other questions,
please call Headquarters at
(888) 486-2466

 **By Fax**
(231) 932-2985

Check Credit Card Type (please complete payment authorization below):

MasterCard (16 digits) VISA (13-16 digits) American Express (15 digits) Discover (16 digits)

Credit Card #: _____ Expires: _____

Signature: _____ Total Payment: \$ _____ Date: _____

Company Description

Please circle any of the following product categories in which you would like your company name, contact and description listed:

Advertising products and services

Audit services

Call Center / Outsourcing

Circulation products and services

Classified products and services

CRM / lead generation

Consulting and research

Editorial products and services

Environmental services

Legal Services

Multimedia products and services

Local search

Marketing services

Publishing products and services

Retail products and services

Training

Headline (up to 10 words): _____

Description (60 words max):

Please submit a logo in JPG, GIF or PDF format to hq@localmedia.org and a link to your website will be included.

Thank You.