

# LocalMedia association

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## Application – Individual Membership

(For individuals not formally associated with a publication company or industry vendor)

Please complete this application and submit to Local Media Association.

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website URL: \_\_\_\_\_

### Professional Membership (if applicable)\*

Academic Institution Name: \_\_\_\_\_

Name of Department: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website URL: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Placement Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide a list of all other key staff that you would like to see on the Local Media Association mailing and e-mail distribution list.

Names of Key Courses/Programs Offered by Department: \_\_\_\_\_

Number of Journalism School Students Currently Enrolled: \_\_\_\_\_

### Membership Dues / Payment Method

Note: Local Media Association Individual/Professional Member annual dues are \$99.

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](mailto: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: \_\_\_\_\_

**Thank You.**