

LocalMedia association

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2012 Application – Regular 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: _____

Website URL: _____

Name of Parent/Corporate Company (if any): _____

Name of Delegate Representative to Local Media Association: _____

Application Completed By: _____ Date Submitted: _____

Family Owned _____ Privately Held _____ Publicly Traded _____

Key Personnel*

President: _____

Phone: _____ E-mail: _____

Publisher: _____

Phone: _____ E-mail: _____

General Manager: _____

Phone: _____ E-mail: _____

Advertising Director: _____

Phone: _____ E-mail: _____

Retail Ad Director: _____

Phone: _____ E-mail: _____

Classified Ad Director: _____

Phone: _____ E-mail: _____

Research Manager: _____

Phone: _____ E-mail: _____

Circulation Director: _____

Phone: _____ E-mail: _____

Editor: _____

Phone: _____ E-mail: _____

Managing Editor: _____

Phone: _____ E-mail: _____

Marketing Director: _____

Phone: _____ E-mail: _____

Production Manager: _____

Phone: _____ E-mail: _____

Controller: _____

Phone: _____ E-mail: _____

IT/Online Manager: _____

Phone: _____ E-mail: _____

Please correct with exact title if different from what is listed above. Please list all other key managers that you would like to see on the Local Media Association mailing and e-mail list (use a separate sheet of paper if necessary). Please indicate any address changes that are different from the main address.

How did you hear about Local Media Association?: _____

Additional Newspaper Information

Total Number of FTE Employees: _____

Name of Nearest Metro Market: _____

Total Combined Circulation of ALL Newspapers: _____

Name of Circulation Audit Company: _____

Newspaper Name: _____ **Masthead Circulation:** _____

Frequency: Weekly Daily Monthly **Days:** M T W R F Sa Su **Circ Type:** Paid Free Mail

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Newspaper Name: _____ **Masthead Circulation:** _____

Frequency: Weekly Daily Monthly **Days:** M T W R F Sa Su **Circ Type:** Paid Free Mail

*** Please use additional paper if necessary to list all newspapers covered by this membership.*

Membership Dues / Payment Method

Local Media Association’s dues are based on the total combined unduplicated circulation of all your company’s products. To compute your dues amount, please use the following formula:

Total unduplicated circulation: _____ x .031 = \$ _____ (total amount due)

Total Amount Due: _____ (Minimum dues = \$590; Maximum dues = \$4,295)

Total Local Media Foundation Donation: _____

Note: The suggested Local Media Foundation donation is 20% of your annual dues. Feel free to adjust this amount (up or down) to meet your comfort level. 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: _____

Thank You.