



Application for Affiliate Company Membership

Name of company _____

Name/ title of primary representative _____

Type of Affiliate Company Member (content provider, printing company, research firm, software company, training company, advertising agency, other supplier or vendor)

Representative's email address _____

Mailing address _____

Phone _____ Fax _____

Signature _____ Date _____

NENPA Affiliate Company Membership

Any company that works for or with newspapers in the six-state New England region may apply for membership (i.e. content providers, printing companies, research firms, software companies, training companies, advertising agencies and all other suppliers and vendors)

Annual Dues \$400

To pay with () Visa () MasterCard () American Express please complete the following and **FAX** form to **(339) 999-2174** or **email to: C.Panek@nenpa.com**

Account number _____ Expiration _____

Name as it appears on card _____ Amount paid \$ _____

Signature _____

*If paying by check or money order, please mail payment with application form to: **New England Newspaper & Press Association, One Arrow Drive, Suite 6, Woburn, MA 01801.** If you have any questions please call (781) 281-7284*