



## Application for Affiliate Publisher Membership

Name of company \_\_\_\_\_

Name / Title of primary representative \_\_\_\_\_

Type of Affiliate Publisher Member (bi-weekly paper, monthly paper, online publication, magazine, periodical, trade publications, shopper, blogger, specialty paper, other news organization)

Representative's email address \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Bi-weekly papers, monthly papers, online publications, magazines, periodicals, trade publications, shoppers, bloggers, specialty papers and other news organizations

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*If paying by check or money order, please mail payment with application form to: **New England Newspaper & Press Association, 1 Arrow Drive, Suite 6, Woburn, MA 01801**. If you have any questions please call (781) 281-2053.*