



Application for Associate Membership

Name of company/Individual _____

Name/title of primary representative _____

Type of Associate Member (freelancer, retiree, student, teacher, college/university, student newspaper, non-profit news-related organization)

Representative's email address _____

Mailing address _____

Phone _____ Fax _____

Signature _____ Date _____

NENPA Associate Membership

Any individual or organization that is associated with the newspaper industry in the six-state New England region may apply for membership (i.e. freelancers, retirees, students, teachers, colleges/universities, student newspapers and non-profit news-related organizations)

Annual Dues \$125

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

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, 1 Arow Drive, Suite 6, Woburn, MA 01801**. If you have any questions please call (781) 281-7284.*