



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 _____

NENPA Affiliate Publisher Membership

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

Annual Dues \$400

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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 Arrow Drive, Suite 6, Woburn, MA 01801**. If you have any questions please call (781) 281-2053.*