

Alabama Press Association Application for Associate Membership

Name of Company/Publication: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Web site address: _____ Social Media: _____

Name of person(s) to receive mailings: _____

Title: _____

Phone number: _____ Fax number: _____ Email address: _____

In keeping with the provisions set forth in Article IV, Section 4 and 5 of the APA constitution and by-laws as quoted on this this form _____ hereby applies for associate membership.
(name of company/publication)

Our application fee (the equivalent of one year's dues), accompanies this form and shall, upon approval of this application, be applied to the first year's dues. Should this application be disapproved we understand the entire application fee is to be returned. Upon approval of this application and payment of annual dues, we understand that we will be added to the APA 2024 media directory and AMA contest portal. We will also have the right to participate in all APA meetings and conventions and will be eligible for other services provided by the Association for its publication members, as long as our affiliation is maintained in keeping with constitutional provisions.

NOTE: "Contributions or gifts to the Alabama Press Association are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense."

The qualification of members, and the manner of their admission, is and shall be as follows:

Section 4: Associates: Associate membership shall be limited to authorized representatives of trade journals, advertising agencies and representatives, printing supply manufacturers of jobbers, publications other than newspapers, schools or departments of journalism, and businesses, industries or organizations which subscribe to our purposes, who desire affiliation with this Association. Such Associate Membership shall be social only.

Section 5: Method of Admission: Applications for membership shall be made in writing to the Executive Director and shall be accepted by a two-thirds vote of the Board of Directors voting.

Accepted for APA by: _____ (Executive Director) Date: _____

Check or CC number: _____ Exp. Date: _____ CVV: _____ Billing Zip: _____

APA Office use only:

Application received _____
Receipt letter mailed _____
Application copies to APA board _____
Two week deadline date _____
Approval notice mailed to applicant _____
Directory mailed _____

Added to mailing list _____
Added to email _____
Added to Web _____
Membership begins: Effective upon approval
through December 31, 2025
Amount: \$400