

# APA Application for Publication Associate Membership

Name of Publication/Company: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Web site address: \_\_\_\_\_ Social Media: \_\_\_\_\_

Name of person to receive mailings: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Accepted for APA by: \_\_\_\_\_ (Executive Director) Date: \_\_\_\_\_

Check or CC number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

***\*Please send APA your publication's media kit as well as 1 issue of your newspaper as it is published.***

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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 mailing list to receive AlaPressa and the APA 2025 media directory. 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 magazine 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."**

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.*

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APA Office use only:

Application received \_\_\_\_\_

Receipt letter mailed \_\_\_\_\_

APA board notification \_\_\_\_\_

Dues paid \_\_\_\_\_

Approval notice \_\_\_\_\_

Directory mailed \_\_\_\_\_

Plaque mailed to applicant \_\_\_\_\_

Added to mailing list \_\_\_\_\_

Added to email \_\_\_\_\_

Added to Web \_\_\_\_\_

Membership begins: Effective upon approval through December 31, 2025