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**SOUTHERN NEWSPAPER PUBLISHERS ASSOCIATION, INC.**  
**APPLICATION FOR ASSOCIATE MEMBERSHIP**

We hereby make formal application for **Associate Membership** in the **Southern Newspaper Publisher Association**, and enclose our check in the amount of \$\_\_\_\_\_ covering membership dues for 2010 (will include balance of 2009).

Company Name: \_\_\_\_\_

Number of employees (in full-time equivalents): \_\_\_\_\_

Contact: \_\_\_\_\_

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

<b>Annual dues structure:</b>
1 employee - \$300
2-9 employees - \$500
10-24 employees - \$750
25+ employees - \$1,000

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Company URL: \_\_\_\_\_

Date of Application: \_\_\_\_\_

We supply the following goods and/or services for direct use in the production of SNPA member newspapers:

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Some of the SNPA member newspapers to which we supply these goods and/or services are:

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**A check for dues should be mailed with this application to:  
SNPA, 3680 North Peachtree Road, Suite 300, Atlanta, GA 30341**