



# TEXAS PRESS ASSOCIATION

ESTABLISHED 1880 / 8800 BUSINESS PARK DR STE 100, AUSTIN, TX 78759 / 512-477-6755 / FAX 512 477-6759 / WWW.TEXASPRESS.COM

## Application for Active Membership

Desiring to join in promoting the best interest of the newspaper industry in Texas,

the \_\_\_\_\_ of \_\_\_\_\_  
(Name of Newspaper) (City and State)

hereby applies for active membership in the Texas Press Association, in keeping with provisions set forth in the TPA By-Laws and membership rules. We certify that this newspaper has a sworn paid circulation of

\_\_\_\_\_ (as reported on Line 16B of the Statement of Ownership USPS Form 3526) on which annual dues are payable as follows: Dailies larger than 150,000 pay 1 cent per subscriber plus the cost of a 34-column-inch ad (at the national display rate); dailies smaller than 150,000 pay 8 cents per subscriber plus the cost of a 24-column-inch ad (at the national display rate); non-daily newspapers pay 9 cents per subscriber. Minimum dues are \$60 per year. In addition, there is a one-time application fee equal to six months dues.

Our application fee of \_\_\_\_\_ (the equivalent of six months dues), our annual dues payment of \_\_\_\_\_ and our proof of Periodical-class authorization accompany this form. Upon approval for membership, we understand that we shall be sent a TPA membership card, be added to the TPA mailing list to receive the *Texas Press Messenger*, the *TPA e-Newsletter* and all other mailings; be added as a TPA member in the *Texas Newspaper Directory*; have regular membership and voting privileges at all TPA meetings and conventions; and be eligible for any and all other services provided by the association for its member newspapers as long as our affiliation is maintained in keeping with constitutional provision.

We hereby agree to supply the TPA Archive with a pdf of each and every issue of our newspaper.

It is our understanding that membership is automatically renewed each year and that membership may be discontinued upon 30-days notice by the newspaper or by the Association.

Our application is made on (Date) \_\_\_\_\_.

(Signed) \_\_\_\_\_

(Title) \_\_\_\_\_

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**Payment Method:** Name on Card \_\_\_\_\_

Check Billing Zip Code of Card: \_\_\_\_\_

Credit Card Card # \_\_\_\_\_

MasterCard  Visa Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Discover  Am. Exp. Email Address for confirmation \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Signature \_\_\_\_\_