



The Association of Magazine Media

**APPLICATION
ASSOCIATE MEMBERSHIP**

MEMBERSHIP TERMS: Membership is based on annual fees payable from January 1 of the year of application and pro-rata after June 30. Membership dues are calculated based on annual revenue from the magazine industry. All revenue reported to MPA will be regarded as strictly confidential. Membership is finalized upon MPA Board of Directors' approval and with receipt of annual dues payment in full. Failure to pay annual dues on a timely basis will result in a suspension of membership privileges. Any member may resign its membership in the Association by submitting a written resignation to the President. Resigning members shall be liable to pay the Association dues and assessments pro-rata through the date of the member's resignation.

I. Name of Applicant Organization and/or any Parent Structure:

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Website: _____

II. Form of applicant organization (e.g. corporation, association, etc.):

III. Date organization began supplying to the magazine industry:

IV. Specify the nature of the business or services you supply to the magazine industry:

V. Based on your recently completed fiscal year, your content-related revenue was: (check one)

<u>Revenue</u>	<u>Membership Dues</u>
<input type="checkbox"/> Less than \$2 million	\$2,500
<input type="checkbox"/> At least \$2 million, but less than \$5 million	\$4,000
<input type="checkbox"/> At least \$5 million, but less than \$10 million	\$6,000
<input type="checkbox"/> At least \$10 million, but less than \$20 million	\$10,000
<input type="checkbox"/> More than \$20 million	\$15,000

VII. Key Executives:

Name: _____	Title: _____	E-Mail: _____
Name: _____	Title: _____	E-Mail: _____
Name: _____	Title: _____	E-Mail: _____

VIII. Having read the provisions of the By-laws of the MPA (a copy of which is hereby acknowledged) we agree to abide by these By-laws and as the same may be amended from time to time.

Name: _____	Title: _____
Signature: _____	Date: _____

Please fax completed application to 212.888.4623