

Affiliate Membership Application

Affiliate Membership Application



827 N. Washington Ave. | Lansing, MI 48906
P: (517) 372-2424 | F: (517) 372-2429
www.michiganpress.org

General Contact Information

Contact Name: _____ Title: _____
Company: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone: _____ Fax: _____ Website: _____
Number of Full Time Employees _____

Company Information

Please write a few words about your organization: _____

Affiliate Member Information

Affiliate membership may include authorized representatives of trade journals, advertising agencies, public relations firms and departments, publishing supply firms and schools or departments of journalism and others. Affiliate members shall have no voting rights at meetings of the association.

All membership applications require approval by the Board of Directors. Membership dues are determined by the Board of Directors.

Signature

By signing below, you are verifying that the organization listed above meets all of the criteria listed above:

Signature : _____ Date: _____

Please send this form to the Michigan Press Association, 827 N. Washington, Lansing, MI 48906.

MPA reserves the right to request additional information and to reject any application for membership.