



# Association of Community Publishers Membership Application

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

Official Representative: \_\_\_\_\_

(Person responsible for all official ACP business including invoices, voting rights, annual meetings, etc.)

Official Representative Email: \_\_\_\_\_

Network Contact Person (for ad placements): \_\_\_\_\_

Network Contact Person Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Circulation: \_\_\_\_\_ Frequency: *Weekly - BiWeekly - Monthly - Other*

Circulation Audit: *Yes - No* Audit Company: \_\_\_\_\_

Delivery Method: % Mailed: \_\_\_\_\_ % Carrier: \_\_\_\_\_ % Rack: \_\_\_\_\_

Number of Banners / Editions at this business unit: \_\_\_\_\_ DMA: \_\_\_\_\_

Editorial Content: \_\_\_\_\_ % Distribution Day: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Number of Editions / Banners: \_\_\_\_\_ DMA: \_\_\_\_\_

List Banner Names, Circulation, Deadline Day (or include media kit)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Select Membership Level:    Elite w/CVC            Elite w/o CVC            Standard w/CVC            Standard w/o CVC

Return Completed Form to:    Fax: 315-670-3121    Email: info@communitypublishers.com

For additional information or questions, call our office at 877-203-2327

Sponsoring Member Company (if applicable): _____	
Sponsor Contact Person: _____	
Sponsor Email: _____	Sponsor Phone: _____