

## **New Jersey Press Association**

810 Bear Tavern Road, Suite 307, West Trenton, NJ 08628
Phone 609-406-0600 • NJPA fax 609-406-0300 • NJNN fax 609-406-0399
E-mail membership@njpa.org • www.njpa.org

Please attach your check or money order to cover your annual NJPA dues assessment. Call 609-406-0600 for the proper amount.

## Associate Membership Application

Official name of organization:		
Street address:		
City:	State:	Zip code:
Phone number:	Fax number:	
Website:		
Name of chief executive:		
Executive's e-mail address:		
Date organization was established:		
Does this organization serve as a platform to promo a special interest group, individual or cause		s of
Does this organization require payment to access n  Entirely free  Entirely paid  Combination free and paid – please de		
Does this organization use a third-party verification  Yes No	n service, such as Quantcast or Co	omscore, to measure unique visitors?
Service name:	Please attach most r	ecent monthly unique visitors report.
Please submit annual dues of \$465 with this applicant of \$465 with this applicant paying by check, please include it with this applications of \$465 with this applications.	ication. If you choose to pay by	credit card, contact Peggy Arbitell at
Applicant's signature:		
Phone:		

## Send application and payment to New Jersey Press Association.

Email: Peggy Arbitell, NJPA Programs Manager, parbitell@njpa.org

Fax: (609) 406-0300, Attn: Peggy Arbitell

Mail: New Jersey Press Association, 810 Bear Tavern Road, Suite 307, West Trenton, NJ 08628