



Wisconsin Community Papers Associate Membership Application

Date: _____
Name of Publication or Associate Business: _____
Publisher, Owner, Parent Corporation: _____
Publisher or Representative: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____
Type of Business: _____
Brief Description/Product/Service: _____

ASSOCIATE MEMBERSHIP REQUIREMENTS:

1. Associate Member Is:

a. Member Publication

An Associate member of this association shall be a free community publication (print or on-line) published or posted electronically on a regular basis, not less than twelve issues annually, without an annual subscription. Associate members that are publications must run all WCAN classifieds in each issue. The publication must have been published consistently for at least six months prior to application for membership and qualify under the articles of incorporation and code of ethics. Associate members (that are publications) are required to undergo an audit as soon as the next audit is available and shall, when applicable, pay for their own CVC audit at the deeply discounted WCP rate.

b. Supplier

In addition, an Associate member can also be a supplier of goods or services to member publications or the association.

Each Associate member shall have a representative registered with the association as the official membership representative. Membership dues for Associate members are \$125 annually plus audit costs (where applicable). Associate members are not entitled to vote.

2. ByLaws and Code of Ethics:

I have read the Bylaws and the Code of Ethics and agree to the terms, conditions and requirements of membership.

3. Dues

Annual Membership dues are \$125. Membership includes:

1. A listing and an ad on the WCP Website www.wisad.com for the year
2. Invitation to attend the WCP convention held each year (Excellent networking opportunity)
3. Free Display Space, with prior notice, at any conference
4. Ability to send in a single sheet flyer to the WCP office to be distributed in a regular mailing to our members
5. Ad in the quarterly WCP e-newsletter for the year
6. Direct access to WCP members

I hereby apply for Associate Membership to Wisconsin Community Papers for _____.
(year)

Designated Representative Signature: _____

Contact Email: _____ Contact Phone: _____

Enclose Check for \$125.00 with signed application please.