

Membership Application



Newspaper Name: _____

Owner: _____

Publisher: _____

Address: _____

City & Postal Code: _____

Phone & Fax: _____

Email: _____

Website: _____

Communities Served: _____

School Districts Reached: _____

Date of First Issue: _____

Circulation: _____ Frequency and Day(s) of Publication: _____

If accepted as a member of the British Columbia & Yukon Community Newspapers Association, I agree to observe the constitution and by-laws and carry on business with the Association's standards of practice.

Signature: _____ Date: _____

Membership Fees

Membership fees are \$350.00 per newspaper + \$35.00 per 1,000 circulation to a maximum of \$750.00 (plus applicable taxes). For community dailies, fees are \$750.00 per annum; additional Press Council fees may be required. Please do not send payment until requested to do so.

Please mail a copy of this application form with three copies of each of three separate editions of your newspaper to:

British Columbia and Yukon Community Newspapers Association
9 West Broadway Vancouver, BC V5Y 1P1
Phone: 1-866-669-9222 Fax: (604) 684-4713
Email: info@bccommunitynews.com Web: www.bccommunitynews.com