

# Associate Membership Application



Publication Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Publisher: \_\_\_\_\_

Editor: \_\_\_\_\_

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

City & Postal Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Communities Served: \_\_\_\_\_

School Districts Reached: \_\_\_\_\_

Date of First Issue: \_\_\_\_\_

Circulation: \_\_\_\_\_ Frequency and Day(s) of Publication: \_\_\_\_\_

If accepted as an Associate Member of the British Columbia & Yukon Community News Media Association, I agree to observe the constitution and by-laws and carry on business with the Association's standards of practice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Associate Membership Fees

Annual Associate Membership fees are \$200.00 per publication.  
Please do not send payment until requested to do so.

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

British Columbia and Yukon Community News Media Association  
9 West Broadway Vancouver, BC V5Y 1P1  
Phone: 1-866-669-9222 Email: info@bccommunitynews.com  
Web: www.bccommunitynews.com