

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 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: _____

Membership Fees

Annual membership fees are \$200.00 per newspaper + additional fees (based on circulation) to a maximum of \$1700.00 (plus applicable taxes); 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 News Media Association
9 West Broadway Vancouver, BC V5Y 1P1
Phone: 1-866-669-9222 Email: info@bccommunitynews.com
Web: www.bccommunitynews.com