



# Association of Free Community Publications Membership Application

*The mission of AFCP is to help its members enhance their profitability and lead in strengthening the free publication industry.*

Membership Dues:  NANI Participant - \$275 per year  
 Non-NANI Participant - \$1,000 per year

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Official Representative: \_\_\_\_\_  
(Person responsible for all official AFCP business including invoices, voting rights, annual meetings, etc.)

Official Representative Email: \_\_\_\_\_

NANI Contact Person (for ad placements): \_\_\_\_\_

NANI Contact Person Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Total Circulation: \_\_\_\_\_ Frequency: *Weekly - BiWeekly - Monthly - Other*

Circulation Audit: *Yes - No* Audit Company: \_\_\_\_\_

Delivery Method: % Mailed: \_\_\_\_\_ % Carrier: \_\_\_\_\_ % Rack: \_\_\_\_\_

Number of Banners / Editions at this business unit: \_\_\_\_\_ DMA: \_\_\_\_\_

Editorial Content: \_\_\_\_\_ % Distribution Day: \_\_\_\_\_

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

Web Site: \_\_\_\_\_

Parent Company: \_\_\_\_\_

Number of Editions / Banners: \_\_\_\_\_ DMA: \_\_\_\_\_

List Banner Names, Circulation, Deadline Day (or include media kit)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return Completed Form to: AFCP / NANI, 135 Old Cove Road - Suite 210, Liverpool, NY 13090  
Or Fax it to: 781-459-7770

- For additional information or questions, call our office at 877-203-2327 -

Sponsoring Member Company (if applicable): _____	
Sponsor Contact Person: _____	
Sponsor Email: _____	Sponsor Phone: _____