



Association of Community Publishers Membership Application

Date: _____ Company Name: _____

Official Representative: _____

(Person responsible for all official ACP business including invoices, voting rights, annual meetings, etc.)

Official Representative Email: _____

Network Contact Person (for ad placements): _____

Network 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)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Select Membership Level: Elite w/CVC Elite w/o CVC Standard w/CVC Standard w/o CVC

Return Completed Form to: Fax: 315-670-3121 Email: info@communitypublishers.com

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

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