



wisconsin community papers

Wisconsin Community Papers Associate Membership Application

Date: _____
Name of Publication or Associate Business: _____
Publisher, Owner, Parent Corporation: _____
Publisher or Representative: _____
Mailing Address: _____
Phone: _____ Fax: _____ Email: _____
Type of Business: _____
Brief Description/Product/Service: _____

ASSOCIATE MEMBERSHIP REQUIREMENTS:

1. ByLaws and Code of Ethics:

I have read the Bylaws and the Code of Ethics and agree to the terms and conditions.

2. Dues

Annual Membership dues are \$125

Membership includes:

1. ½ page ad in the next WCP Directory
(For a full page ad just add \$75.00)
2. A WCP Directory (an excellent reference tool)
Published Biennially (every other year)
3. Invitation to attend the WCP convention held each year
(Excellent networking opportunity)
4. Invitations to participate in future trade shows

I hereby apply for Associate Membership to Wisconsin Community Papers for _____.
(year)

I have read and agree to the requirements of membership.

Signed: _____

Enclose Check for \$125.00 with signed application please.