

Print Name:

(As it appears on card)

National Newspaper Association

P.O. Box 7540, Columbia, MO 65205-7540

Application for College Newspaper Membership

College newspaper membership is available to any college newspaper or periodical that is affiliated with an accredited university or college.

Primary Contact	Information ((Please print)		
Publication Name:				
Advisor's Name:			Title:	
E-mail:				
Mailing Address:				
Physical Address:				
City, State, Postal Code:		·		
Telephone:			Fax:	
URL:				
Founding Year:				
Circulation: Paid	Free	Total:	Broadsheet Tabloid	
Affiliated College/Univer	rsity:			
Mailing Address:				
City, State, Postal Code:		·		
Telephone:			Fax:	
URL:				
·	•	Additional subscriptions cos		
Name:				
Name:				
or as a College/University Method of Payme Enclosed, please find my Make checks payable in U.S Charge \$	ent y check in the amo funds only to Natio my American Ex	University Non-daily Newspaper at the rate of \$300. Sount of \$ Check # Sonal Newspaper Association. Express MasterCard Visa.	#	
CVV # Last three digits from numb	oer on back of card. F	For AMEX, use last four digits on	front of card.	

Signature: