



Associate Membership Application

MEMBERSHIP BENEFITS

Associate members in Community Papers of Florida are invited to participate fully in nearly all activities of the Association. The benefits of a CPF Associate Membership include:

- ✓ Regularly published electronic CPF Newsletters;
- ✓ A link to your website on the CPF website (www.communitypapersofflorida.com);
- ✓ Full advance information on all conference and other activities;
- ✓ Participation in all conference, social and instructional activities;
- ✓ Display space at the CPF annual conference, if available, on a first-come, first-served basis;
- ✓ A designated time on the annual conference agenda (at CPF-only conferences) to address members; and
- ✓ Access to complete CPF Membership lists and mailing lists.

CURRENT MEMBERSHIP DUES are \$100 per year. Please make checks payable to CPF and mail to: Executive Director, CPF, P.O. Box 1149, Summerfield, FL 34492-1149.

MEMBERSHIP REQUIREMENTS

Associate Membership may be granted to vendors and suppliers of newspaper publishing related materials and other closely allied businesses.

APPLICATION

I/We, having examined the CPF Associate Membership Benefits and Requirements, hereby make application for associate membership in the Community Papers of Florida and submit the following information in support of my/our application, together with payment of the first-year dues.

Legal Name of Firm _____

Main Product or Service _____

Street Address _____

City, State, ZIP Code _____

Mailing Address _____

City, State, ZIP Code _____

Contact Person's Name _____ *Title* _____

E-mail _____ *Website* _____

Telephone (_____) _____ *Fax* (_____) _____

I/We certify that the membership herein applied for, if accepted, will be in full compliance with the CPF Membership requirements. I/We understand that membership will be initiated as soon as this application has been received and acted upon favorably by the Board of Directors. Continuation of membership privileges is subject to compliance with the Membership Requirements and other provisions of the CPF By-Laws.

Firm Name _____

Authorized Signature _____ *Date* _____

FOR OFFICE USE ONLY

_____ Phone List	_____ Mbr. DB	_____ Email/Publisher List (D)	_____ Web Link	_____ INK
_____ Mail List	_____ News DB	_____ Email/Publisher List (B)	_____ Welcome Packet	