



# MEMBERSHIP APPLICATION

## MEMBERSHIP REQUIREMENTS

Membership in the Community Papers of Florida is limited to newspapers, shoppers, and other advertising publications that are distributed free of charge on a regular basis. Members must publish network classified ads at no charge, and provide a full copy of each weekly/monthly publication to the CPF office, either in print or electronically. Members may sell classified ads into the network and retain 50% of the revenue.

CPF has a history of working for free distributed publications. Funds raised through the organization's classified network have been used to lobby for changes in the state tax structure. Sales and graphics training seminars have been conducted at various locations at no cost to members. Conventions with industry speakers are scheduled each year. Audits by Circulation Verification Council are paid for by the classified network, and efforts are being made to attract national media buys. An up-to-date Website keeps CPF members informed.

CURRENT MEMBERSHIP DUES are \$50 per year. Please make checks payable to CPF and mail to: Executive Director, CPF, P.O. Box 1149, Summerfield, FL 34492-1149.

## APPLICATION

I/We, having examined the above CPF Membership Requirements, hereby make application for active 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** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, ZIP Code** \_\_\_\_\_

**Mailing Address (if different)** \_\_\_\_\_

**Publisher's Name** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_

**Website** \_\_\_\_\_

**Ad Contact Person** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_\_) \_\_\_\_\_

## PUBLICATION DATA

# of Editions	Name of Publication(s)	Circulation Area		Circulation	Open Rate	Type (Shopper or Community News)	Frequency of Publication
		City(s)	County(s)				

*List any additional publications on another sheet of paper.*

**IMPORTANT: Day(s) of Publication:** \_\_\_\_\_ **Method of Printing: In-House** \_\_\_\_\_ **Central Printer** \_\_\_\_\_

**Method of Distribution: Mail** \_\_\_\_\_ % **Hand Delivery** \_\_\_\_\_ % **Counter Drop/Racks** \_\_\_\_\_ % = 100% **Distribution**

I/We certify that the membership herein applied for, if accepted, will be in full compliance with the CPF Membership Requirements as set forth above. 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      \_\_\_\_\_ Mail List      \_\_\_\_\_ Mbr. DB      \_\_\_\_\_ News DB      \_\_\_\_\_ CVC  
 \_\_\_\_\_ Mbr. Pubs./Web      \_\_\_\_\_ ClassAd Brochure      \_\_\_\_\_ Email/Pub List (D)      \_\_\_\_\_ Email/Pub List (B)      \_\_\_\_\_ INK  
 \_\_\_\_\_ Web Link      \_\_\_\_\_ Welcome Packet