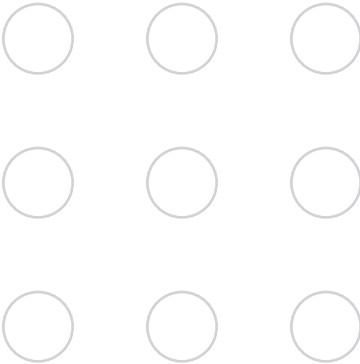


# APPLICATION FOR ASSOCIATE MEMBERSHIP



Association of Alternative Newsweeklies



COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT TITLE \_\_\_\_\_

CONTACT E-MAIL ADDRESS \_\_\_\_\_

*(The above information will be used for your listing on the AAN Web Site.)*

DO YOU PROVIDE PRODUCTS OR SERVICES TO ANY AAN MEMBER PAPERS?  YES  NO

PLEASE DESCRIBE THE TYPE OF BUSINESS AND PRODUCTS OR SERVICES PROVIDED:

*The alternative newspaper business* is one of the hottest segments of the publishing industry. The 130 papers that are members of the **Association of Alternative Newsweeklies** have a combined weekly circulation of more than 6.5 million and nearly 20 million readers in print and online. Associate membership in AAN provides you with an opportunity to sell your products and/or services to the alternative newspapers that are members of the association, and to stay abreast of the latest industry developments.

### *Membership requirement*

- Any company which may supply products or services to an alternative newsweekly or the alternative newsweekly industry is eligible to apply for membership.

### *Associate membership fee*

- \$500 per organization per year

### *Membership benefits*

- Discount on exhibitor fees
- Preferred pricing for association services
- Page on AAN Web site with a link to your site
- Access to AAN membership lists
- Ability to post press releases on aan.org

### *Application process*

Complete the application and return with your payment to:

Debra Silvestrin  
Director of Meetings and Special Projects  
Association of Alternative Newsweeklies  
1156 15th Street, NW, Suite 905  
Washington, DC 20005  
(202) 289-8484 telephone  
(202) 289-2004 fax

PLEASE LIST CLIENTS FOR WHOM YOU PROVIDE PRODUCTS OR SERVICES:

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FORM OF PAYMENT

CHECK (MAKE YOUR CHECK PAYABLE TO AAN.)

CREDIT CARD

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS *(if different from above)* \_\_\_\_\_

