

Membership Application



Publisher: _____

Newspaper Name: _____

Address: _____

City & Postal Code: _____

Phone & Fax: _____

Email: _____

Website: _____

Communities Served: _____

School Districts Reached: _____

Date of First Issue: _____

Circulation: _____ Frequency of Publication: _____

If accepted as a member of the British Columbia & Yukon Community Newspapers Association, I agree to observe the constitution and by-laws and carry on business with the Association's standards of practice.

Signature: _____ Date: _____

Membership Fees

Membership fees are \$340.00 per newspaper + \$30.00 per 1,000 circulation to a maximum of \$640.00. For community dailies, fees are \$640.00 per annum; additional Press Council fees may be required.

Plus applicable taxes

Please mail a copy of this application form with three copies of each edition of your newspaper published between _____ and _____ to:

British Columbia and Yukon Community Newspapers Association
Suite #122, 1020 Mainland Street
Vancouver, B.C. V6B 2T4
Phone: 1-866-669-9222 Fax: (604) 684-4713
Email: info@bcccommunitynews.com Web: www.bcccommunitynews.com