

PRESS

MEMBERSHIP APPLICATION



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Principal Contacts of Publication

Publisher _____

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Nature of Publication

National

Regional- states covered: _____

Other- please describe: _____

Is your firm a subsidiary of another company? Yes No

If "yes," name parent firm: _____

Does your firm have any subsidiaries or divisions? Yes No

If "yes," name subsidiary(ies) or division(s):

How often is your publication issued?

Monthly

Semi-monthly

Weekly

Other- please describe: _____

U.S. PRESS MEMBERSHIP DUES

Dues \$ 1000

PAYMENT

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