

Affiliate Membership Application

I, _____, do hereby request Affiliate Membership in the Iowa Newspaper Association.

A check made out to the Iowa Newspaper Association for annual dues in the amount of \$250.00 accompanies this application. I understand the fee will be returned to me should this application be denied.

Signature

Date

Applicant / Organization Name: _____

Address: _____

Phone: _____ Fax: _____ e-mail address: _____

Return to: Cicely Gordon
Iowa Newspaper Association
319 East 5th Street
Des Moines, IA 50309

