

# Associate Membership Application

I, \_\_\_\_\_, do hereby request associate membership in the Iowa Newspaper Association.

A check made out to the Iowa Newspaper Association for annual dues in the amount of \$75.00 accompanies this application. I understand the fee will be returned to me should this application be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail address: \_\_\_\_\_

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

