

Application for
ASSOCIATE MEMBERSHIP (COLLEGE / UNIVERSITY)

We believe our college/university meets the Virginia Press Association qualifications for Associate Membership. We request that we be approved for Associate Membership.

Name of College/University: _____

Street Address: _____

City: _____ State: _____

Mailing Address: _____

City: _____ State: _____

Telephone: _____ Fax: _____

Date Established _____

Key Personnel: President: _____ email address: _____

Media Relations: _____ email address: _____

Please briefly describe your reasons for making application:

Dues: \$200 annually

Submit the following with this application:

A check or money order for one year's dues

Submitted by _____ Date: _____

Office Use Only:

Approved for membership ___/___/_____

Check rec'd _____

Subscription started _____

Executive Director _____

Rev. May 2006

Mail to:

Virginia Press Association

Membership Committee

11529 Nuckols Rd

Glen Allen, VA 23059