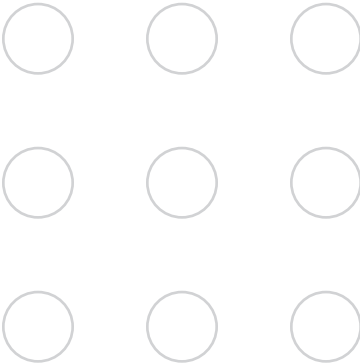


APPLICATION FOR ASSOCIATE MEMBERSHIP



Association of Alternative Newsweeklies



COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE NUMBER _____

FAX NUMBER _____

WEB ADDRESS _____

CONTACT NAME _____

CONTACT TITLE _____

CONTACT E-MAIL ADDRESS _____

(The above information will be used for your listing on the AAN Web Site.)

DO YOU PROVIDE PRODUCTS OR SERVICES
TO ANY AAN MEMBER PAPERS? YES NO

PLEASE DESCRIBE THE TYPE OF BUSINESS AND PRODUCTS OR SERVICES PROVIDED:

The alternative newspaper business is one of the hottest segments of the publishing industry. The combined revenues of the 130 papers that are members of the **Association of Alternative Newsweeklies** are over \$500 million, with combined circulation of 7.5 million and 25 million readers in print and online. Associate membership in AAN provides you with an opportunity to sell your products and/or services to the alternative newspapers that are members of the association, and to stay abreast of the latest industry developments.

Membership requirement

- Any company which may supply products or services to an alternative newsweekly or the alternative newsweekly industry is eligible to apply for membership.

Associate membership fee

- \$300 per organization per year

Membership benefits

- Discount on exhibitor fees
- Preferred pricing for association services
- Page on AAN Web site with a link to your site
- Access to AAN membership lists
- Ability to post press releases on aan.org

Application process

Complete the application and return with your payment to:

Debra Silvestrin
Director of Meetings and Special Projects
Association of Alternative Newsweeklies
1250 Eye Street, NW, Suite 804
Washington, DC 20005-5982
(202) 289-8484 telephone
(202) 289-2004 fax

PLEASE LIST CLIENTS FOR WHOM YOU PROVIDE PRODUCTS OR SERVICES:

COMPANY _____

CONTACT _____

TELEPHONE _____

COMPANY _____

CONTACT _____

TELEPHONE _____

FORM OF PAYMENT

CHECK (MAKE YOUR CHECK PAYABLE TO AAN.)

CREDIT CARD

CARD NUMBER _____

EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS *(if different from above)* _____

