

Ohio Newspaper Association  
Membership Application

(please print or type)

I (we) hereby apply for Active \_\_\_\_, University or College Newspaper \_\_\_\_, Associate \_\_\_\_, Retired \_\_\_\_ membership in the Ohio Newspaper Association, subject to approval by the ONA Board of Trustees. Check is enclosed for dues in advance, as required by ONA Bylaws. Make checks payable to Ohio Newspaper Association. Return this application to: The Ohio Newspaper Association, 1335 Dublin Road, Suite 216-B, Columbus, Ohio 43215.

Name & Title: \_\_\_\_\_

Newspaper or Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

County: \_\_\_\_\_ Circulation: \_\_\_\_\_ (Paid) \_\_\_\_\_ (Free)

Ad Rate & Lines Per Page (for Active Member dues calculation):

\_\_\_\_\_

Amount Enclosed \$: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_