

MEMBERSHIP APPLICATION

ACTIVE MEMBERS

The undersigned hereby applies for membership in the Inter American Press Association in the category shown below:

Publications Corporate News agencies Digital media TV stations Radio stations

Note: Each application must be accompanied by check covering dues (see information and scale of dues on reverse side)

Company name _____

Address _____

City _____ State _____ Zip code _____ Country _____

E-mail _____ Telephone (_____) _____ Fax (_____) _____

Circulation (in case of publications) _____ Type of Publication _____

When published _____

When founded _____ Number of Publications (if corporate) _____ Web page _____

Main representative in IAPA _____

Please list separately other persons or publications who should receive IAPA mail and other information

ASSOCIATE

MEMBERS Individual Corporate

Company name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Type of Business _____ E-mail _____

Telephone _____ Fax _____ Web page _____

COLLABORATING MEMBERS

Schools of Communication Academicians Journalists Retired

Name _____

Organization _____

Address _____

City _____ State _____ Zip code _____ Country _____

MEMBERSHIP DUES

Active members

Publications

Up to 25.000 copies:	US \$ 525.00
Up to 100.000 copies:	US \$ 975.00
Up to 250.000 copies:	US \$1.525.00
More than 250.000 copies:	US \$2.100.00

Corporate

Up to 10 members:	US \$2.625.00
More than 11 members:	US \$5.250.00

News agencies

National:	US \$1.435.00
International:	US \$2.200.00

Electronic media

Local radio station:	US \$ 400.00
Digital media:	US \$ 525.00
National radio station:	US \$1.500.00
TV station:	US \$2.100.00

Associates

Individuals:	US \$ 1.100.00
Corporate:	US \$ 3.300.00

Media representatives or small businesses are allowed to pay US \$ 550.00

Collaborating members

Schools of Communication	US \$ 300.00
Academician	US \$ 100.00
Journalists	US \$ 125.00
Retired	US \$ 150.00

ADDITIONAL INFORMATION FOR MEMBERSHIP APPLICATION

To become a member in any of the three IAPA categories:

- Please complete the form in the back according to your category.
- Once we receive your form in our office, we will contact you to complete your application.
- Important: Please indicate the contact person to complete the process.

Nombre _____

E-mail _____

Cargo _____

Teléfono _____

Please forward this information to our office:
Attention: Ms. Paola Dirube,
Membership Coordinator
Sociedad Interamericana de Prensa, Inc.
1801 SW 3rd. Avenue, Ste 800
Miami, FL 33129 USA
(E-mail: pdirube@sipiapa.org)

MEMBERSHIP APPLICATION

INTER AMERICAN PRESS ASSOCIATION



TO DEFEND
*freedom of the press
throughout the
Americas...*

TO PROMOTE
*and maintain the
dignity, rights and
responsibilities of
the profession of
journalism...*

TO FOSTER *a wider
knowledge and greater
interchange among
the people of the
Americas...*

THE IAPA IS FINANCED
EXCLUSIVELY WITH DUES
BY MEMBERS ON THE BASIS
OF THEIR CIRCULATION

**WITHOUT
FREEDOM OF
THE PRESS
THERE IS NO
DEMOCRACY**

2018