



MEMBERSHIP APPLICATION

Complete and submit application with fee payment to:

Canadian Media Circulation Audit
c/o Canadian Community Newspapers Association, 890 Yonge Street, Suite 200, Toronto, Ontario M4W 3P4

Questions? Contact the Canadian Media Circulation Audit office toll-free at 1-877-305-2262 or by e-mail at audit@ccna.ca.

Application is made for membership in Canadian Media Circulation Audit on behalf of:

Name of Publication: _____

Name of Publishing Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Publisher: _____ Circulation Manager: _____

Year established: _____ Frequency of Publication: _____ Publication Days: _____

Type of publication: Community newspaper Business publication Consumer publication

Reason for application: New member

Reinstatement; Date of membership termination: _____

Reason for membership termination: _____

Address where circulation records are kept, if different from above:

Name of Publication: _____

Name of Publishing Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Publisher: _____ Circulation Manager: _____

Association Membership

Are you a member of a regional or provincial community newspaper association?

Applying Yes; Association name: _____

No N/A

Does this publication have any sister publications that are CCNA members? If so, please list them.

Circulation History:

Is this publication currently a CMCA member? Yes No

If so, what editions are currently CMCA members?

Which editions are you applying on behalf of? _____

If this publication has had its circulation audited previously, submit the most recent report or Publisher's Statement with this application.

