Print Name:_

(As it appears on card)

National Newspaper Association

P.O. Box 7540, Columbia, MO 65205-7540

Application for Broker Membership

Primary Contact Information (Please print)

Name:	Title:
Company:	
Mailing Address:	
Physical Address:	
City, State, Postal Code:	
Telephone:	Fax:
E-mail* :	URL:
* Required for access to members-only sections of NNA website	
Membership Benefits	
 TFN advertisers will receive the TFN rate on all Newspaper for Sale ads 5% discount on Newspaper for Sale ads without a TFN ad 6x display rate for Transaction Announcements (if a display contract is 5% discount on frequency display advertising contracts Member registration rates to attend Leadership Conference and Ann Business card listing with photo in Publishers Auxiliary's Buying and S Link on NNA web site in membership directory Subscription to Publishers' Auxiliary Digital Publishers' Auxiliary 	in place earned discount beyond 6x applies) ual Convention
Yes, I want to take advantage of the new Individual Broker MembersI	nip category at a rate of \$225.
(For lobbying purposes, 19 percent of NNA dues are not tax deductible.)	
Method of Payment Enclosed, please find my check in the amount of \$ Check # Make checks payable in U.S. funds only to National Newspaper Association. Charge \$ to my American Express MasterCard Visa	
Card #	Expiration Date:
CVV # Last three digits from number on back of card. For AMEX, use last four digits on fror	ab of rand
Last triree digits from number on back of card. For AMEX, use last four digits on fror	it of card.

Signature: _

Mail to: National Newspaper Association, P.O. Box 7540, Columbia, MO 65205-7540 or e-mail to membership@nna.org.