



Country Press New South Wales Inc.
Australia's oldest newspaper industry association
Founded 1900

APPLICATION FOR MEMBERSHIP

APPLICANT

TITLE OF PUBLICATION _____ Year founded _____

CITY/TOWN OF PUBLICATION _____ STATE _____

Office address _____ Postal address _____

Phone _____ Fax _____ Email _____

REGISTERED PROPRIETOR

(Company, partnership, sole owner) _____

In current ownership since _____

Managing director _____ General manager _____

Ultimate owner
(If part of group or holding company) _____

Head office address _____

SENIOR MANAGEMENT OF PUBLICATION

Managing editor _____ Editor _____

Advertising manager _____ Production manager _____

PUBLICATION DATA

DAY/S OF PUBLICATION

AM

PM

Please indicate

PAID	FREE
COVER PRICE	
STAND ALONE	INSERT

FREQUENCY (if less than weekly)

PAGE SIZE

Broadsheet (B)

Tabloid (T)

Quarterfold (Q)

MOST RECENT CIRCULATION FIGURE
(average per issue)

ABC	CAB	PS	SD

ABC = Audit Bureau of Circulations

CAB = Circulations Audit Board

PS = Publisher's Statement

SD = Statutory Declaration



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PRINTING DATA
Printed by whom _____ Address _____

TYPE OF PUBLICATION
(Please tick appropriate type)

Regional newspaper _____	Regional magazine _____	Special interest publication: Rural _____ Tourist _____ Real estate _____ Other (indicate market) _____
Community newspaper _____	Community magazine _____	
Entertainment _____	Motoring _____	

DETAILS OF OTHER regular publications of proprietor PUBLISHED from the place of applicant member:

TITLE	TYPE	FREQUENCY	CIRCULATION	FORMAT

STAFF DATA

Numbers employed

Journalists _____ Advertising Reps _____ Production _____

Clerical _____ Others (except senior management) _____

Category _____

DECLARATION:

In making this application, I/we agree to be bound by the Constitution and Code of Ethics and Guiding Principles of the Country Press New South Wales Inc, acknowledging also that **this membership is also binding on the national organisation, Country Press Australia**, of which the Country Press New South Wales Inc. is a constituent member.

Name _____
(BLOCK LETTERS)

Signature _____

Date _____

PLEASE RETURN this completed application with FOUR SETS of TWO different issues of the applicant publication and FOUR SETS of TWO different issues of each other publication (if any) of the proprietor produced from the office of the applicant to:

Country Press NSW Inc.

Janice Ray, Administration Manager
Locked bag 1000, ASCOT VALE, 3032
Tel: 02 8387 5500 Fax: 03 9372 2427