

APPLICATION FOR ORGANIZATIONAL MEDIA MEMBERSHIP

For detailed information on membership classes and benefits, please consult CMA website at <https://www.catholicmediaassociation.org/member-types> or call 312-380-6789.

Send completed form to membership@CatholicMediaAssociation.org

1. We hereby apply for active membership in the Catholic Media Association (CMA) in the name of the following Catholic organization:

Name of Organization: _____

Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Website: _____

2. Below is a brief description of the organization's function or purpose

3. Name of Ordinary or Chief Executive: _____

4. Organizational Affiliation to the Catholic Church

Diocesan Non-Diocesan

5. If the organization is not owned by a Catholic entity, what is its relationship to the Catholic Church?

6. Media type:

Newspaper:
Issues per Year: _____ Circulation: _____ Digital Version Subscribers: _____

Magazine
Issues per Year: _____ Circulation: _____ Digital Version Subscribers: _____

Newsletter
Issues per Year: _____ Circulation: _____ Digital Version Subscribers: _____

Digital Only
of Email Subscribers: _____ Unique Monthly Viewers: _____

General Publisher

Book Publishers

Radio

Television

Film

7. Year the Organization was Established: _____

8. What language do you use in publishing?

- English
 Spanish
 English and Spanish
 Other Please Specify: _____

9. Below is the name of the individual who is to act as **Registered Representative** for our organization and who will conduct our business as an active member of the Catholic Media Association. The Registered Representative speaks and votes on behalf of the Organizational Member.

Registered Representative: _____ **Title:** _____

Phone: _____ E-mail: _____

10. Please list any additional employees you would like to add as staff members to the CMA organizational membership:

Staff Member 1: _____ **Title:** _____

Phone: _____ E-mail: _____

Staff Member 2: _____ **Title:** _____

Phone: _____ E-mail: _____

Staff Member 3: _____ **Title:** _____

Phone: _____ E-mail: _____

Below are links to **3 samples of our most recent work** for consideration by the CMA membership committee and board of directors. PDF's can be emailed to membership@CatholicMediaAssociation.org.

URLs: 1) _____ 2) _____ 3) _____

If accepted for membership, we agree to abide by the **Catholic Media Association's Fair Publishing Practices Code** (available online at <https://www.catholicmediaassociation.org/fair-publishing-practices-code-1/>).

We understand and agree that the board of directors of CMA will make the **final decision** on our membership, considering the relations of the function, purposes and content of our organization to the aims, purposes and statutes of CMA.

Signature: _____ Date: _____

Title: _____