



Application for Consumer Membership

Publication: _____ Year Established: _____

Publishing Company/Association: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Web Address: _____

Publisher: _____ Email: _____

Circulation Contact: _____

Title: _____ Email: _____

Street Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Authorized Company Representative who will receive all official communications and vote on membership matters, including the election of directors:

Name: _____ Email (mandatory): _____

Location at which audit will be conducted (if different from above):

Company: _____

Circulation Contact: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Circulation Information

Print Run of Last Issue: _____ Last Six Months' Average Print Run: _____

Number of Issues Per Year: _____ Type and Size of Format: _____

Initial Audit Date: _____

Market Served (State the standards of qualifications in determining who will receive the magazine, such as selected markets and/or population groupings):

Method of Distribution (Provide a description of the means of distribution of the magazine):

Currently Member of Circulation Audit Firm? Yes No Name of Firm: _____

Formerly Member of [Name of Circulation Audit Firm]: _____ Date Membership Terminated: _____

Reason for Termination of Membership in Circulation Audit Firm Listed Above:

Names of Other Publications Owned by Publishing Company:

Auditing Time Allowance

The amount of time allowed for the auditing charges shall be as follows:

Total Bound		Total Bound	
12,000 or less	14 hours	over 180,000	28 hours
over 12,000	15 hours	over 250,000	30 hours
over 18,000	17 hours	over 350,000	32 hours
over 28,000	18 hours	over 500,000	34 hours
over 40,000	20 hours	over 800,000	36 hours
over 55,000	22 hours	over 1,400,000	38 hours
over 80,000	24 hours	over 2,000,000	40 hours
over 120,000	26 hours		

a) Annual Dues	\$	_____
b) Auditing Charges (based on average total print run)	\$	_____
c) Subtotal	\$	_____
d) Application Fee 25% of line c (one-time charge)	\$	_____
e) Total Amount to Accompany Application (add lines c & d)	\$	_____

Additional Auditing Time Charges

Any time required to complete an audit in excess of that allowed for the above circulations shall be charged for at a uniform hourly rate of \$112 per hour.

Verification Testing Fee

BPA shall confirm deliverability of the magazine and conformance to qualification parameters for a selection of subscribers. This cost is separate from the auditing fee.

e-Services Package Charge

This fee is separate from the auditing fee. The package includes a production file of your statement, posting on www.bpaww.com, hotlink to your home page, plus 100 copies of report.

Do you wish your status as an applicant for membership in BPA Worldwide to be listed in SRDS? If so, BPA Worldwide must send official notification to SRDS. However, if your status as an applicant appears in SRDS and you withdraw as an applicant, the withdrawal will also appear in SRDS.

Yes, notify SRDS of this publication's status as an applicant for membership in BPA Worldwide. No, do not notify SRDS.

Note: Even if you choose not to be listed in SRDS, BPA needs your SRDS Classification Group number for internal reasons. Please provide that SRDS Group number: _____

The undersigned, in applying for membership for the above publication in BPA Worldwide, represents and acknowledges that:

1. The Bylaws and Rules of BPA Worldwide have been read and understood.
2. The undersigned is authorized to act for and on behalf of the applicant.
3. In consideration of the acceptance and processing by BPA Worldwide of this membership application, the applicant agrees to be subject to and bound by the Bylaws and Rules of BPA Worldwide.
4. The undersigned agrees that the forfeiture provision contained in Section 2 of the Bylaws and the publicity provisions of Section 5 of the Rules of BPA Worldwide are applicable and binding on the applicant on the submission of this application.
5. Rates are subject to change by BPA's Board of Directors. The rates in effect at the time of the audit will be charged.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Please mail this completed form, with a check for the appropriate amount and two copies of a recent issue of your publication, to your marketing representative at his/her BPA or CCAB regional office. For a list of regional offices, go to www.bpaww.com/contactoffice_locs. Or, for a referral to a marketing representative, Member Relations Manager or regional address, please call 203.447.2800.