



FAPIA MEMBERSHIP APPLICATION FORM

We herewith apply for membership to the Free Ads Papers International Association (FAPIA) and declare that all information stated below is true. We agree to all FAPIA Statutes and Regulations, if we become a member. We enclose proof of payment for prepaid membership costs (all bank charges to be paid by us). We understand that we may be obliged to present our application to a General Meeting in person.

NAME OF PUBLISHING COMPANY.....

NAME OF PUBLICATION.....

NAME OF CITY/AREA:

ADDRESS:

.....

MANAGEMENT

PHONE:.....FAX:.....

EMAIL:

DATE FIRST PUBLISHED:

Editor/Publisher/Chief Executive :

FAPIA Contact Person :

Address Internet Homepage :

Most Successful Classifications :

Types of Ads Refused :

* Distribution Area :

Population of Distribution Area :

Language of Paper :

Other Publications by Same Group :

No. of issues per week :

Days of Publication : ____/____/____/____/____

Average No. of ads per week : ____

Average No. of pages per week : ____

Sold circulation per week : ____

Readership per week : ____

Printed circulation per week : ____

Price of Paper : ____ / Currency? ____ Euro equivalent:

*** PLEASE ENCLOSE A MAP OF THE AREA WHERE YOU DISTRIBUTE YOUR PAPER.**



FAPIA RULES & REGULATIONS

WE UNDERTAKE TO :

1. Ensure that this publication is in line with FAPIA Membership criteria.
2. Accept any sanctions enforced by the Committee, according to the following stages:
 - I. written formal warning
 - II. pecuniary fine determined by the Committee, and/or cut off from FAPCOM
 - III. expulsion
3. Accept that our membership will be terminated if we do not publish the publication for more than six consecutive weeks without having provided the Committee with an acceptable explanation.
4. Pay all invoices from FAPIA in due time, assuming that they are in accordance with decisions made by the General Meeting.
5. Send a copy of our paper or website access details to each member of FAPIA after acceptance of our application.
6. Accept all other rules and regulations which form the Articles and Bylaws of FAPIA, or which are agreed upon at any General Meeting, and any modifications to them, as long as they are made in accordance with the FAPIA Articles and Bylaws, and which may be communicated to us through the Newsletter or by any other means.

Name of Publication: _____

Name of Signatory: _____

Date: _____ **Signature:** _____

Return both this form and your Application form to FAPIA and also enclose:

- Map of Area where you distribute your paper if applicable
- Proof of Payment
 - Bank Details: ABN/AMRO Bank, Vijzelstraat 68&78, Postbus 407, 1000AK Amsterdam, NL
 - Account Number: 49.00.80.227
 - Account Name: FAPIA
 - SWIFT Code: ABNANL2A
- Two consecutive recent copies of your paper (or web address and access details)

Send to: FAPIA, Rokin 36/ii, 1012 KT Amsterdam, The Netherlands