

## ICMA MEMBERSHIP APPLICATION FORM 2004

This Application Form is divided into four sections:

Section One – level of membership you are applying for

Section Two – specific information about your company

Section Three – acceptance of ICMA rules and regulations

Section Four - instructions to send in your application

Please either TYPE or print using BLOCK LETTERS when completing this form.

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### **SECTION ONE: Please specify what level of membership you are applying for:**

☐ **First level Membership**

*(First level Membership is open to all types of classified advertising media)*

☐ **Second level Membership – entry to the International Ad Exchange programme**

*(Second level Membership is open to free ads papers only)*

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**SECTION TWO: Application forms will only be deemed valid once all questions are completed.**

☐ We herewith apply for membership of ICMA and declare that all information stated below is true. We agree to all ICMA 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 will be obliged to present our application to a General Meeting in person.

NAME OF PUBLISHING COMPANY: .....

NAME OF RELEVANT PUBLICATIONS AND  
DATES FIRST PUBLISHED: .....

.....

.....

ADDRESS: .....

.....

.....

MANAGEMENT PHONE: .....

MANAGEMENT FAX: .....

EMAIL: .....

WEBSITE URLS: .....

Editor/Publisher/CEO : \_\_\_\_\_

# of employees : Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Annual turnover: : \_\_\_\_\_ € equivalent: \_\_\_\_\_

Type of publications : ☐ Free ads paper ☐ Paid ads paper ☐ Niche paper

☐ Online classified site ☐ Other \_\_\_\_\_

SELECT A REPRESENTATIVE CLASSIFIED MEDIA PRODUCT FROM YOUR PORTFOLIO AND ANSWER  
THE FOLLOWING QUESTIONS:

Price of paper : \_\_\_\_\_ Currency? \_\_\_\_\_ Euro equivalent: \_\_\_\_\_

Price of local advert : \_\_\_\_\_ Currency? \_\_\_\_\_ Euro equivalent: \_\_\_\_\_

Distribution area : \_\_\_\_\_

Pop. of distribution area : \_\_\_\_\_

Language of paper : \_\_\_\_\_

# of issues per week : \_\_\_\_\_

Days of publication : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Average # of ads per week : \_\_\_\_\_

Average # of pages per week : \_\_\_\_\_

Sold circulation per week : \_\_\_\_\_

Readership per week : \_\_\_\_\_

Printed circulation per week : \_\_\_\_\_

Types of ads refused : \_\_\_\_\_

Other publications : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SECTION THREE: ICMA Rules & Regulations**

#### ***WE UNDERTAKE TO :***

1. Ensure that this publication is in line with ICMA 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 ICMA 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 ICMA after acceptance of our application.
6. Accept all other rules and regulations which form the Articles and Bylaws of ICMA, or which are agreed upon at any General Meeting, and any modifications to them, as long as they are made in accordance with the ICMA Articles and Bylaws, and which may be communicated to us through the Newsletter or by any other means.

**Name of Publishing Company** : \_\_\_\_\_

**Name of Signatory** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Who do we contact with regard to this application?:**

**Name** : \_\_\_\_\_

**Email** : \_\_\_\_\_

#### **SECTION FOUR: Where to send your application:**

Return your completed application to: ICMA Head Office  
Rokin 36/2  
1012 KT Amsterdam  
THE NETHERLANDS

Before you seal the envelope, here's a checklist of what you must include:

- ☐ Completed application form
- ☐ Signed declaration of acceptance to ICMA rules and regulations
- ☐ Map of area where you distribute your papers (if applicable)
- ☐ Proof of payment
  - Bank details: ABN/AMRO Bank  
Vijzelstraat 68&78  
Postbus 407  
1000 AK  
Amsterdam  
The Netherlands
  - Account number: 49.00.80.227
  - Account Name: ICMA
  - SWIFT Code: ABNANL2A
- ☐ Two consecutive, and recent, copies of relevant publications (or web address and access details)

If you have any questions or concerns about your application, please contact ICMA by email: [info@icmaonline.org](mailto:info@icmaonline.org), phone: +31 (0)20 6382336, or by fax: +31 (0)20 6382371.