

APPLICATION FOR MEMBERSHIP

We, the undersigned, wish to apply for membership of the Magazine Publishers Association of South Africa:

Name of company _____

VAT Registration number _____

Street address _____

 _____ Code _____

Postal address _____

 _____ Code _____

Tel: _____

Cell: _____

Fax: _____

E-mail: _____

Name of Chief Executive _____

Nominated representative to MPASA _____

Details of all publications published by the applicant company and its subsidiaries
(Please supply two sets of the last three issues for each title listed)

TITLE	FREQUENCY	DATE OF FIRST ISSUE	CURRENT ABC FIGURE AND DATES COVERED

Articles of Association:

A copy of the articles of Association is available for inspection.

Persons applying for MPASA membership **must be in possession of a valid ABC certificate** or be a provisional ABC member.

We hereby agree to abide by the rules, and any amendments as may be passed at a general meeting or by the executive committee as it be so empowered.

Signature _____

Name (print) _____

Designation _____

Date _____

Post to: Magazine Publishers Association of South Africa, PO Box 47184, Parklands, 2121
 or email mpasa@prinmedia.org.za or fax 011 721 3255