

CPA New Member Details

Please fill in all blank spaces for ease of processing your application

MEMBER NAME AND CONTACT DETAILS

Company Name: _____

Registered Address: _____

City: _____ State: _____ Postcode: _____

Contact Name: _____

Accounts Email: _____

Phone: _____ Fax: _____

ABN: _____

Masthead Applying for Membership: _____

Frequency of Publication: _____

Masthead Website: _____

MEMBERSHIP

A requirement of CPA membership is that you also need to be a member of your states Press Association Please tick box of membership you are applying for – additional costs apply

- CPA Membership - \$400.00 +GST
- QLD Country Press Association
- Country Press SA
- Country Press NSW
- Victorian Country Press Association
- Regional Media Connect Associate Member

Please complete and email back to countrypressaustralia@vcpa.com.au

SIGNATURES

Signed:	Date:
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