

AMERICAN HORSE PUBLICATIONS

PUBLISHING MEDIA MEMBER APPLICATION

PRINT: Dues based on circulation (average number of copies each issue during preceding 12 months) **ONLINE:** Dues based on average users per month or subscribers per issue.

IMPORTANT: You must submit this form along with verification of circulation (current ABC/BPA audit, postal mailing statement or printing invoice) and a current issue of your print publication **OR** verified proof of analytics or mailing list.

Mail, email or fax to: **American Horse Publications, 49 Spinnaker Circle, South Daytona, FL 32119 | ahorsepubs@aol.com**

PRINT PUBLICATION DUES \$145...up to 5,000 \$210...5,000 to 25,000 \$270...over 25,000	ONLINE PUBLISHING MEDIA DUES (based on average users) \$145...under 10,000 \$210...10,000 to 50,000 \$270...over 50,000	DESCRIPTION OF PUBLISHING MEDIA (5 words) <input type="text"/>
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PAYMENT OPTIONS CHECK Payable in US Funds to American Horse Publications APPLY AND PAY ONLINE www.americanhorsepubs.org VISA / MASTERCARD / AMEX CC _____ NO _____ EXP _____ CVV2 CODE _____ CC Billing address: _____	PUBLISHING MEDIA PROFILE: Brief paragraph that includes the focus or mission of the publication. (Limit to 50 words or less) May use separate sheet. <input type="text"/>
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NAME OF PUBLISHING MEDIA (PRINT OR ONLINE) <input type="text"/>	FOCUS: (select one) Breed / Discipline / General Interest / Horse Care / Lifestyle
MAIN CONTACT (for online and billing) Contact Name <input type="text"/>	PUBLISHING MEDIA FORMAT (select one) Print / eNewsletter / Digital Edition / Online
Mailing Address <input type="text"/>	SCOPE: (select one) State / Regional / National / International
Street Address (If different from above) <input type="text"/>	FREQUENCY: (select one) Monthly / Bimonthly / Quarterly / Annual / Weekly / Online
City <input type="text"/>	CIRCULATION: (Verification of circulation or AUV must be on file and will not be published) <input type="text"/>
State/Province/Country (if not USA) <input type="text"/>	USES FREELANCE ___ WRITERS ___ PHOTOGRAPHERS
Zip/Postal Code <input type="text"/>	<input type="checkbox"/> I WISH TO SUBSCRIBE TO AHP NEWSGROUP PRESS RELEASE SERVICE
PHONE NUMBER (Limit 2) ___ CHECK IF YOU DO NOT WANT PHONE NUMBERS PUBLISHED IN ONLINE DIRECTORY <input type="text"/>	<input type="checkbox"/> I WISH TO SUBSCRIBE TO AHP NEWSLETTER ONLY
FAX <input type="text"/>	LIST STAFF E-MAIL ADDRESSES TO BE ADDED TO AHP E-LIST <input type="text"/>
EMAIL ADDRESS ___ CHECK IF YOU DO NOT WANT EMAIL ADDRESS PUBLISHED IN ONLINE DIRECTORY <input type="text"/>	AHP reserves the right to revoke a membership if the member demonstrates conduct detrimental to the goals and purposes of the AHP. The applicant has read this application and agrees to be bound by its provisions and the association bylaws if accepted as a member.
WEBSITE (same name as publication included in membership) <input type="text"/>	SIGNATURE _____ DATE _____ REFERRED BY _____