

THE ALLIANCE

OF AREA BUSINESS PUBLISHERS

AABP Publication Membership Application

Publication Name: _____

Name of Publishing Company: _____
New Members must have been in operation for one year and have published at least six issues.

Address: _____

City, State, Zip Code: _____

Phone No. _____ FAX No. _____

Website: _____

Publisher _____ E-Mail _____

CEO: _____ Editor: _____

Frequency: _____ Weekly _____ Bi-weekly _____ Monthly _____ Other: _____

Annual subscription price _____ Cover price _____

Publishing Format: Magazine _____ Tabloid _____

Circulation: No. Paid: _____ No. Controlled: _____

Circulation Auditing Firm _____
(Attach a copy of the audit or a copy of letter from audit firm accepting you for audit.)

Quantity distributed by Mail _____ at newstand _____ Other _____

Mechanical Size & Specifications _____

Magazine Open Rate: F/P-B&W _____ F/P 4-Color _____

Tabloid Open Rate: F/P-B&W _____ F/P 4-Color _____

**AABP 2017 DUES SURVEY
(This is NOT An Invoice)**

STEP ONE: Please apply the formula on the attached page to ensure that your publication is properly billed. You may use 2016 calendar year figures or those of your most recent fiscal year.

STEP TWO: Complete the application, dues survey, and return check list. Include a copy of your most recently completed circulation audit. **A circulation audit, or a letter from ABC, BPA, VAC or CVC indicating that an audit is scheduled, must be submitted.**

STEP THREE: Mail your completed dues survey, copy of your current circulation audit:
C. James Dowden, AABP, 2512 Artesia Blvd #200, Redondo Beach, CA 90278.

Publishing Company: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Person completing this form: (Please Print) _____

Signature: _____

PLEASE CHECK ONE: Send invoice to: Publishing Company Publication(s)

	Publication	Category (A-K)	Full Amount Due		New Amount Due
1.				x 100%	
2.				x 95%	
3.				x 90%	
4.				x 85%	
5.				x 80%	
6.				x 75%	

Annual Membership Dues \$ _____
New Member Initiation Fee \$ 250.00

TOTAL TO BE BILLED \$ _____

AABP
MEMBERSHIP DUES FORMULA
For Calendar Year 2017

CALCULATE YOUR ANNUAL AABP MEMBERSHIP DUES USING THE FOLLOWING FORMULA:

1. Multiply the number of 2016 paid advertising pages by the one-time black-and-white page rate.
2. Multiply your average PAID circulation (including average single-copy sales) by the basic one-year subscription price.
3. add the two figures together and identify your category below:

Category	ANNUAL REVENUES	Regular Annual Dues
A.	Under \$500,000	\$790.00
B.	\$500,001 to \$1,000,000	\$1,162.00
C.	\$1,000,001 to \$1,500,000	\$1,623.00
D.	\$1,500,001 to \$2,000,000	\$2,204.00
E.	\$2,000,001 to \$2,500,000	\$2,530.00
F.	\$2,500,000 to \$3,000,000	\$2,767.00
G.	\$3,000,001 to \$4,000,000	\$3,301.00
H.	\$4,000,001 to \$6,000,000	\$3,925.00
I.	\$6,000,001 to \$8,000,000	\$4,641.00
J.	\$8,000,001 to \$11,000,000	\$5,334.00
K.	\$11,000,001 to \$15,000,000	\$5,690.00
L.	\$15,000,001 and over	\$6,318.00

CHAIN/MULTI-TITLE COMPANIES MAY DISCOUNT DUES BASED ON THE FOLLOWING STRUCTURE:

Top Revenue Producing Publication-	Full Dues
#2 Revenue Ranking-	5% Discount
#3 Revenue Ranking-	10% Discount
#4 Revenue Ranking-	15% Discount
#5 Revenue Ranking-	20% Discount
#6 Revenue Ranking-	25% Discount
#7 and all others-	30% Discount

**AABP NEW MEMBER APPLICANT
CHECK LIST**

RETURN THE FOLLOWING ITEMS:

- 1.) A COPY OF YOUR MOST RECENT CIRCULATION AUDIT
 Audit Attached **Or** Copies of printer invoices for last three issues
- 2.) A COPY OF YOUR MOST RECENT DEMOGRAPHIC STUDY
 Attached
- 3.) A COMPLETED 2017 DUES SURVEY FORM
 Attached
- 4.) A COPY OF THIS CHECKLIST SIGNED BY THE PUBLISHER
 Attached
- 5.) TEN (10) COPIES OF THREE (3) RECENT ISSUES FOR THE MEMBER COMMITTEE
 Attached
- 6.) TWELVE (12) COPIES OF ONE RECENT ISSUE FOR THE BOARD OF DIRECTORS
 Attached

It is understood that to maintain membership in AABP, the Publisher commits on behalf of his or her organization to observe the AABP Code of Conduct. It is further understood that membership in AABP requires timely payment of dues, the submission of this signed form with the information requested and a donation of up to two pages annually for AABP use in the Group Donated Space Program, under the terms and conditions of that program as outlined.

*See Code of Conduct attached.

Publisher's Signature

Printed Name

Date

E-mail address

Telephone

Attached: AABP Code of Conduct