



ENROLMENT APPLICATION

Complete and submit application with fee payment, 2 most recent issues, and 1 copy of most recent audit report (if applicable) to:

Canadian Media Circulation Audit
c/o News Media Canada
37 Front Street East, Suite 200, Toronto, Ontario M5E 1B3

Questions? Contact us toll-free at 1-877-305-2262 ext. 3323 or audit@newsmediacanada.ca.

Application is made on behalf of:

Name of Publication: _____

Geographic market served (e.g., city or town): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Web site: _____

Parent Company or Owner: _____

Year established: _____

Reason for application: New member

Reinstatement; Date of membership termination: _____

Address where circulation records are kept, if different from above:

Publication/Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Personnel authorized to sign reports and deal with Canadian Media Circulation Audit matters:

	Name	Phone	Email
Publisher			
Circulation Manager (or person who will be preparing circulation reports)			
President/Other (specify title):			

Association Memberships

List all trade associations of which this publication is a member or to which this publication has applied for membership:

NAME OF ASSOCIATION	MEMBER OF	APPLIED
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Does this publication have any sister publications that are members of News Media Canada? If so, please list the publications or the name of the company that holds ownership. Attach a separate sheet if necessary:

Circulation Information

Publication Type (check one): Community Newspaper Daily Newspaper Business Publication Consumer Publication

Publishing Frequency daily: ___ days/wk weekly bi-weekly semi-monthly monthly Other _____

Editions published: (check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> TU	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> SA	<input type="checkbox"/> SU	<input type="checkbox"/> _____
Currently a CMCA member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for CMCA:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average circulation for the last 6 months:								

Is this publication currently listed in CARD? No Yes CARD classification: _____

Fee Calculation and Method of Payment

Consult the CMCA Program fee rate card or contact the CMCA office for appropriate amount due + 13% HST. Payment is due at the time of application. Please note: Annual program fee does not include auditor fee.

\$ _____ Annual program fee: 1st edition
 \$ _____ Three-month applied status report (optional)
 \$ _____ Annual program fee: 2nd+ editions (# ed x fee)
 \$ _____ Three-month applied status report (optional)
 \$ _____ Total Fee
 \$ _____ Add 13% HST (Reg. No. R895696698)
 \$ _____ **Total amount due**

Cheque enclosed, payable to News Media Canada
 VISA Mastercard
 Card number _____
 Expiry date _____
 Name on card _____
 Signature _____

Agreement

By enrolling in the Canadian Media Circulation Audit program, the undersigned for this publication hereby acknowledges and agrees on behalf of him/herself and the applicant to:

- 1) Abide by the Rules and Policies of Canadian Media Circulation Audit as approved by the board of directors of News Media Canada; and,
- 2) Maintain accurate circulation records and documentation suitable for circulation audit.

Signed by Officer, Partner, or Owner authorized to act for and on behalf of the applicant:

Name _____ Title _____

Signature _____ Date _____

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Membership verified by: _____ Ownership verified by: _____ Fee category _____ Payment rec'd – Receipt #: _____

MANDATORY - Initial Report
 A six-month period must be selected from within the twelve-month period following the application date, for which an Initial report must be filed. This six-month period must begin at the start of any quarter of the calendar year. If a three-month applied status report is being filed, the reporting period for the Initial report must have the same start date.

Reporting period: _____ to _____ Report due: _____
 (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)

OPTIONAL: A Three-Month Applied Status Report will be submitted for this publication: No Yes

Reporting period: _____ to _____ Report due: _____
 (mm/dd/yy) (mm/dd/yy) (mm/dd/yy)