Canadian
Media Circulation
Audit

ENROLLMENT APPLICATION

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

E-mail: _____ Web site: _____

Parent Company or Owner: _____

Year established: _____

Reason for application: ☐ New applicant

☐ Reinstatement; Date of membership termination: _____

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

Publication/Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone:_____

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
	☐	☐
	☐	☐
	☐	☐

2-610 Ford Drive, #218, Oakville, Ontario L6J 7W4 Phone: (416) 923-3567 or toll-free 1-877-305-2262
Web site: www.circulationaudit.ca E-mail: audit@newsmediacanada.ca

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)	☐ MON	☐ TUE	☐ WED	☐ THU	☐ FRI	☐ SAT	☐ SUN	☐ _____
Currently a CMCA member:	☐	☐	☐	☐	☐	☐	☐	☐
Applying for CMCA:	☐	☐	☐	☐	☐	☐	☐	☐
Average total circulation per issue during the last 6 months:								

Is this publication currently listed in CARDonline.ca? ☐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 + GST/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 GST/HST (Reg. No. R895696698)

$ _____ TOTAL AMOUNT DUE

☐ Cheque enclosed, payable to News Media Canada

☐ VISA ☐ Mastercard

Card number _____

Expiry date _____ CVV _____

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 _____

FOR OFFICE USE ONLY

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

MANDATORY - Initial Report
Publisher must select a six-month period for which an Initial report must be filed. 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: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) Report due: _____ (mm/dd/yyyy)

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

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