

MEMBERSHIP APPLICATION

An ASPA membership is per publication or media program. To participate in any ASPA competitions or conferences, the publication or media program must be a current ASPA member. The adviser(s) of each registered ASPA publication or media program receives a membership certificate, member benefits, and is notified of all ASPA activities.

For additional membership benefits or to join online, visit: www.ArkansasScholasticPressAssociation.org/become-a-member

1 GENERAL INFORMATION:

Please complete each section of this membership application, including listing each media adviser, even if that adviser plans to join separately or does not plan to join ASPA. **For page two, complete the media information for each publication or media program of which memberships are being purchased and registered.**

SCHOOL: _____

SCHOOL PHONE: _____

SCHOOL ADDRESS: _____

CITY, STATE & ZIP: _____

PRINCIPAL: _____

BROADCAST ADVISER: _____

FILM/VIDEO ADVISER: _____

DIGITAL NEWSPAPER ADVISER: _____

LITERARY MAGAZINE ADVISER: _____

PRINT NEWSPAPER ADVISER: _____

YEARBOOK ADVISER: _____

ADVISER EMAIL: _____

ADVISER CELL: _____

INCLUDE MEMBERSHIP DETAILS IN BOTH ASPA & JEA DIRECTORIES:

☐ YES ☐ NO

LEGAL DISCLAIMER:

BY JOINING THE ARKANSAS SCHOLASTIC PRESS ASSOCIATION (ASPA), YOU GRANT ASPA PERMISSION TO USE ANY REGISTERED MEDIA PUBLICATION(S) COPYRIGHT MATERIALS, LOGOS, NAME, OTHER SUBMISSIONS AND OR CONTEST ENTRIES FOR THE USE OF ANY FUTURE PUBLICATION, DISTRIBUTION, AND OR MARKETING PURPOSES.

OPTION 1: Mail completed membership application (both pages) & full payment to:

Arkansas Scholastic Press Association
C/O Renette S. McCargo
PO Box 1380
Forrest City, AR 72336

OPTION 2: Email a copy of completed membership application (both pages) to:

Charli Thweatt
Director of Strategic Communication
Director of Outreach & Operations
media@arkansascholasticpressassociation.org

2 SCHOOL AAA FOOTBALL CLASSIFICATION:

- ☐ Middle School
- ☐ Junior High School
- ☐ Freshman Academy
- ☐ 1A High School
- ☐ 2A High School
- ☐ 3A High School
- ☐ 4A High School
- ☐ 5A High School
- ☐ 6A High School
- ☐ 7A High School

3 ARKANSAS REGION:

- ☐ Central ☐ Northwest
- ☐ Northeast ☐ South

SCHOOL POPULATION: _____

GRADES INCLUDED: _____

5 PUBLICATION TYPE:

- ☐ Broadcast
- ☐ Digital Newspaper
- ☐ Film & Video
- ☐ Literary Magazine
- ☐ Print Newspaper
- ☐ Yearbook

6 PAYMENT METHOD:

- ☐ Web Order # _____
- ☐ Invoice Request
- ☐ PO # _____
- ☐ School Check # _____
- ☐ Personal Check # _____

Make all checks payable to:

"Arkansas Scholastic Press Association"

7 Select only ONE Membership Option Below:

1-YEAR (2023-2024) ASPA Memberships:

- ☐ \$35 for 1 Publication ☐ \$160 for 5 Publications*
- ☐ \$70 for 2 Publications ☐ \$200 for 6 Publications*
- ☐ \$100 for 3 Publications*
- ☐ \$135 for 4 Publications*

*multiple publication discount applies to three or more memberships.

2-YEAR (2023-2025) ASPA Memberships:

- ☐ \$70 for 1 Publication ☐ \$320 for 5 Publications*
- ☐ \$140 for 2 Publications ☐ \$400 for 6 Publications*
- ☐ \$200 for 3 Publications*
- ☐ \$270 for 4 Publications*

*multiple publication discount applies to three or more memberships.

3-YEAR (2023-2026) ASPA Memberships:

- ☐ \$105 for 1 Publication ☐ \$480 for 5 Publications*
- ☐ \$210 for 2 Publications ☐ \$600 for 6 Publications*
- ☐ \$300 for 3 Publications*
- ☐ \$405 for 4 Publications*

*multiple publication discount applies to three or more memberships.

8 ADDITIONAL MEMBERSHIPS:

- ☐ \$100 for 1-Year JEA Membership
- ☐ \$35 for 1-Year ASPA Associate Membership
(Individual or Business that are non-advisers to a class of student journalist).

Please indicate the TOTAL of ALL membership dues in the box: \$

CONTINUE TO PAGE TWO 

10

BROADCAST

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

ASPA plans to print and publish all school information in a membership directory. If you **DO NOT** wish to be included in the membership directory, please initial here: _____

10

FILM & VIDEO

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

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10

DIGITAL NEWSPAPER

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

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10

LITERARY MAGAZINE

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

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10

PRINT NEWSPAPER

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

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10

YEARBOOK

PROGRAM NAME: _____

OF STAFF MEMBERS: _____

ADVISER: _____

CELL PHONE: _____

TEXT OPT-IN: ☐ YES ☐ NO

SCHOOL EMAIL: _____

YOUTUBE URL: _____

FACEBOOK: _____

TWITTER: _____

INSTAGRAM: _____

WEBSITE URL: _____

ADVISER SIGNATURE: _____

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