



MEMBERSHIP FORM

Type of Publication: (check only one - use one form per publication)

Website Newspaper/Newsmagazine Yearbook Literary Mag Broadcast

PUBLICATION/ENTITY NAME		
SCHOOL	OFFICE PHONE	
SCHOOL ADDRESS		
CITY	STATE	ZIP
PUBLICATION EMAIL		PUBLICATION URL
TWITTER	FACEBOOK	
@	facebook.com/	
INSTAGRAM	YOUTUBE/VIDEO CHANNEL URL	
@	youtube.com/	

Adviser(s):

1. NAME	<input type="radio"/> NEW	<input type="radio"/> RETURNING
SCHOOL EMAIL	ALTERNATIVE EMAIL	
OFFICE PHONE	CELL PHONE	
2. NAME	<input type="radio"/> NEW	<input type="radio"/> RETURNING
SCHOOL EMAIL	ALTERNATIVE EMAIL	
OFFICE PHONE	CELL PHONE	

Type of School: (check only one)

Senior High School Junior High or Middle School Junior/Senior High School

SCHOOL ENROLLMENT	APPROXIMATE NUMBER OF STUDENTS ON STAFF
FREQUENCY OF PUBLICATION	MONTH OF BOOK DELIVERY (YEARBOOKS/MAGAZINES)

SEND COMPLETED FORM AND PAYMENT TO:

MHSPA Membership
2221 University Ave. SE, Suite 121
Minneapolis, MN 55414

Phone: 612-625-9311
Fax: 612-605-0720
Email: info@studentpress.org

MEMBERSHIP INFORMATION

MHSPA membership is by publication, not by school or individual. When a publication joins, all student and adviser members of that publication are members of MHSPA for one year.

You can join at any time, and your membership will last one full year from the date of payment.

As a member, you and your staff will receive notification of all contests, conventions, workshops and deadlines.

MHSPA is affiliated with the National Scholastic Press Association, a 501(c)(3) nonprofit organization housed at the University of Minnesota serving student media in secondary schools and journalism education programs

MEMBERSHIP

\$

NSPA MEMBER | \$0

NON-NSPA MEMBER | \$39

Membership dues are \$39 per year per publication, unless the Minnesota publication is a current member of the National Scholastic Press Association. Check your NSPA membership status at studentpress.org/nspa/membership

TOTAL ENCLOSED

\$

PAYMENT

Make checks/purchase orders payable to NSPA. There is a \$50 fee for returned checks.

EMAIL OR FAX RECEIPT TO:

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CARD NUMBER

EX. DATE

NAME ON CARD

SIGNATURE