

Online Publication Membership Application

	Pl	ease fill out as completely as poss	ible:		
* denotes required fields					
*Online Publication Name:					
*Website Address:					
*Mailing Address:					
*City:					
*State:					
*5 Digit Zip Code:					
*County:					
*Phone:					
		*Fax:			
Staff					
		Name		Email	
Publisher					
Editor					
Ad Director					
Please click on the box by each of the following to indicate					
you comply with the membership stipulation:					
A: must have been published for the previous 12-month period;					
B:	must be updated no less that one time each week;				
C:	must be principally devoted to the dissemination of original local or general news and other				
J.	news content, with a minimum of 25 percent of overall content;				
D:	must be available to the general public on the World Wide Web;				
E:	must not serve primarily as a platform to promote the interest and/or opinions of				
_	a special interest group, individual or cause;				
F:	must have a known Kentucky-based office of publication, open to the public,				
_		where business or publication is transacted, have a local telephone number and			
G	must include contact information in each updated publication;				
G:	must abide by copy	must abide by copyright laws			

You MUST Agree to the Terms to apply for membership.

I hereby verify that all information is correct to the best of my knowledge and I agree to all terms of membership.