



Eligibility for Membership in Midwest Free Community Papers (MFCP)

Membership in MFCP is open to publishers who are actively engaged in the business of publishing free distribution papers. To be qualified for membership, all publications must be published free a minimum of twelve (12) times per year with no more than seventy-five percent (75%) of its content consisting of one topic or category of interest.

In order to become an MFCP member, the following items are required:

- 1) Application for Membership
- 2) MCN Participation Agreement
- 3) MDN and 2 x 2 Network Participation Agreement
- 4) Code of Ethics
- 5) Two (2) recent copies of the publication applying for membership
- 6) A check for membership dues (see below)

Membership dues are payable annually on July 1. The dues structure is as follows:

- *Yearly Membership Dues for Weekly Member Publishing MCN Ads - \$249
- *Yearly Membership Dues for Weekly Publishers Not Publishing MCN Ads - \$325
- *Yearly Membership Dues for Bi-weekly or Monthly Member Publishing MCN Ads - \$325
- *Yearly Membership Dues for Biweekly/Monthly Member Not Publishing MCN Ads - \$425

In the event of an ownership change, the new owners must file a new application, accompanied by yearly dues, and be approved by the Board of Directors.

Publishers who own more than one (1) paper may pay yearly dues for each publication, which will entitle the publisher to one (1) vote for each membership held at General Meetings.

Each publisher must submit to the MFCP Office a statement of copies published, rates, and territory regularly covered by the publication, including any seasonal increases annually. All members are also required to send a copy of each issue to the MFCP office by mail; however, if the publication is available online, notifying the office of the web address and how to access the publication electronically will suffice.



MEMBERSHIP APPLICATION

Publication Name _____

Total Circulation _____

Publisher _____

Publisher Email _____

Location Street Address _____

P.O. Box _____

City _____

State _____

Zip Code _____

Billing Address if different from Location _____

City, State, Zip Code _____

Telephone # _____

Fax # _____

Website Address _____
Address listed in the MFCP Directory? Yes No

Do you want your Website and Email

Contact and Email Address for Classifieds/Weekly MCN Ads _____

Contact and Email Address for Display Orders _____

Email Address for Monthly Newsletter _____

Ownership (Indicate whether proprietorship, partnership, or corporation. List names of principle owners): _____

Year Established _____ Frequency of Publication _____ Number of Editions _____

Day of Week Published _____ Deadline: _____

Type of Publication: Tab _____ Broadsheet _____ Average Number of Pages _____

Page Size: _____ # of Columns _____; Columns = _____ inches wide

Local Open Rate: _____ Cost per thousand for 8 ½ x 11" Single Sheet Insert: _____

Classified Rate: _____ Color Rate: _____

(Continued on Next Page)

Circulation Breakdown by Zip Code: (Use additional sheet if necessary or attach CVC Audit, etc.)

Zip	City	Amount	Zip	City	Amount

CERTIFICATION

Is the paper published free to consumers? Yes No

Is the paper delivered to individual houses in its market? Yes No

Is this paper delivered to via demand delivery in racks and newsstands? Yes No

Can advertising be placed in this publication alone? Yes No

Does this publication follow the business ethics as described in the Association Code of Ethics?
 Yes No

I hereby certify that the above name information is accurate and truthful. I understand that the information will be verified.

 (Signature of the person making application) Title _____ Date _____

Please Send: This completed application MCN Agreement
 Check in the amount of \$ _____ * MDN Agreement
 Signed Code of Ethics 2 Recent Copies of the Publication

- *Yearly Membership Dues for Weekly Member Publishing MCN Ads - \$249
- *Yearly Membership Dues for Weekly Publishers Not MCN Publishing MCN Ads - \$325
- *Yearly Membership Dues for Bi-weekly or Monthly Membership for MCN Publishers - \$325
- *Yearly Membership Dues for Biweekly/Monthly Member (Non MCN Publisher) - \$375

Send to: Midwest Free Community Papers, 29160 Hell Hollow Road, Richland Center, WI 53581



MIDWEST DISPLAY NETWORK

Publication Name: _____

City: _____ **State:** _____

Contact Name for Display Ads: _____

Contact Phone: _____

Contact Fax: _____

Email Address to send display ads to: _____

I agree to run ads that come through the Midwest Display Network at a 30% discount off my publication's local open rates. I understand that the ads will come camera ready and that payment will be made by MFCP upon receipt of ad tearsheets. I also understand that I can sell advertising into other MDN member publications and keep a 15% commission.

Authorizing Signature

Date



MIDWEST CLASSIFIED NETWORK PARTICIPATION AGREEMENT

Please furnish the information below to insure the proper person at your publication receives the weekly MCN ads and 2x2 ads (Please notify that person to expect the ads every week).

Publication Name: _____

- I agree to run Midwest Classified Network ads. This means we will publish the classified ads sent by MFCP that meet my publication's requirements, on a regular basis, and without charge. I understand that the income goes to support MFCP member benefits. I also understand that I can sell classified ads into the network and retain a portion of the cost as my commission.

MCN Contact Name: _____

MCN Contact Email: _____

- I agree to run MFCP 2x2 ads. This means we will publish the 2x2 ads sent by MFCP that meet my publication's requirements, on a regular basis, and without charge. I understand that the income goes to support MFCP member benefits. I also understand that I can sell 2x2 ads into the network and retain a portion of the cost as my commission.

2x2 Contact Name: _____

2x2 Contact Email: _____

A MCN audit is done each month. You can send a copy of each weeks paper to MFCP, 29160 Hell Hollow Road, Richland Center, WI 53581. Or Email it to office@mfc.org. Or furnish a website _____ that has a digital copy of each weeks publication.

Publisher's Signature

Date



Code of Ethics

As a member of MFCP, I hereby pledge myself and the organization which I represent to:

- Observe the highest standards in all business transactions, and to avoid the use of any and all unfair business practices.
- Advertise and publish only such circulation and distribution figures as can be satisfactorily substantiated.
- Advertise and publish current advertising rates and furnish rate cards to any legitimate business firm upon request, quote no rate which cannot be earned by any or all advertisers, and not engage in the practice known as “double billing”.
- Subscribe fully to the copyright principle and respect the copyrights of others to the same extent which we expect others to respect our own copyrights.
- Not knowingly permit the use of any false titles, confusing technical data, descriptions, misleading or inaccurate terms or claims in any advertising copy.
- Maintain a spirit of friendly cooperation and assistance towards our fellow craftsmen and extend a helping hand wherever possible.
- Continually endeavor to raise and enhance the quality level of our profession. Maintain a dignity of manner in our craft and the services connected with it, in the appearance of our places of business, and in all other forms of public contact.
- Agree that all of the following actions specifically constitute unethical business practices as applied to all publishers and all publications and editions thereof, paid or free, which are a part of the publisher’s organization:
 1. Deliberate setting of advertising rates below cost.
 2. Making of false statements regarding circulation.
 3. Requiring advertisers to purchase space in combination only.
 4. Charging rates not available under the same terms to all advertisers.
 5. Double billing.
- Recognize and subscribe to the authority of the Officers and Directors of MFCP in all matters of interpretation of this Code of Ethics.
- Agree to cooperate fully in any investigation by the Board of Directors, or any duly appointed Ethics Committee of this Association, of any alleged instance of unethical conduct.

Firm Name _____

Signature _____ Date _____
(Must be signed by president, publisher, or principal officer)

Please return this signed form with application.