



Dear Colleague:

Mahalo for your interest in the Hawaii Publishers Association (HPA). Founded in 1964, HPA is an organization of newspaper, magazine, web-based publishers and other print media partners working together to achieve industry-wide goals that benefit both Hawaii's print media and its members. We believe that your contribution to our print media community would be invaluable.

As a member of HPA, you will influence state and county legislation that affects the publishing industry. Legislative bills are sometimes introduced that affect news, advertising and services in a direct manner such as legislation to control distribution of newspapers and magazines on our city streets. An example of HPA's effectiveness is the statewide reduction in GE tax rates for publishers from 4 percent to ½ percent for printing services performed by an outside contractor. HPA works as a collective force to assure that the voice of the industry is heard effectively on issues such as these.

The HPA spearheads programs to advance excellence in journalism. Most notable are:

1. The Hawaii State High School Journalism Awards encourages students to produce and submit their best work. This annual event culminates with an awards luncheon with broad representation from throughout the state.
2. The annual Pa'i Awards acknowledge journalists and photographers whose work is judged as meeting the highest standards of print publishing. Only members can enter.

Membership dues are only \$360 annually. If you are interested in joining, please forward a check made payable to the Hawaii Publishers Association along with your application to the address below.

There is also the option of paying the dues over three months. Please call if you have any questions.

Thank you and we look forward to seeing you at an upcoming event.

Sincerely,

Ron Nagasawa
HPA President

MEMBERSHIP APPLICATION

NAME OF PUBLISHER _____

COMPANY NAME _____

MAILING ADDRESS _____

LOCATION (if other than above) _____

e-MAIL ADDRESS _____

WEB ADDRESS _____

BUSINESS PHONE _____ FAX _____

STATUS: _____ CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP

If a CORPORATION OR PARTNERSHIP, names of other officers/partners and their titles:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REGISTERED NAMES OF ALL PUBLICATIONS OWNED BY APPLICANT FIRM:

_____	_____
_____	_____
_____	_____

DATE PUBLISHING BUSINESS WAS ESTABLISHED _____

WHAT PERCENT OF FIRM'S BUSINESS IS PUBLISHING? _____

If less than 60%, what are other sources of business? _____

NUMBER OF FULL-TIME EMPLOYEES ____ PART – TIME EMPLOYEES ____

Do own printing: ____ Yes ____ No

Do own desktop publishing: ____ Yes ____ No

Contract own printing: ____ Yes ____ No

Contract own desktop publishing: ____ Yes ____ No

It is understood that all information herein will be reviewed by the membership committee and the Board of Directors of the Hawaii Publishers Association and is subject to review by the member(s) in good standing who may request a review prior to admission to membership.

(Principal Officer or Owner)

Date

Please submit with this application:

1. One sample of your primary publications.
2. Any other information you deem appropriate.
3. Your check for \$360 made to the HPA. (Check if you prefer to be billed ____.)

Mail to:
Rick Asbach
Hawaii Publishers Association
500 Ala Moana Blvd. Ste 7-500, Honolulu, HI 96813
ph: 808.738.4992 fax: 808.664.8892
www.hawaiipublishersassociation@gmail.com
www.hawaiipublishersassociation.com

Again, mahalo for your interest in HPA

Revised January 1, 2014



SUPPLEMENTAL MEMBERSHIP

Approved by the Hawaii Publishers Association Board of Directors, supplemental membership has been added to better serve the needs of regular members who publish more than one title.

Supplemental Membership entitles each publication to be listed separately on the HPA roster in addition to the primary publisher membership. This will also entitle the designated representative of that title (usually the editor or publication publisher) to all the benefits of regular membership with the exception of voting rights.

This means that the supplemental member will receive direct communication from the HPA including invitations to all HPA events, personal applications to enter the Pa'i Awards and his or her own copy of the Proof Sheet official newsletter.

Dues for each Supplemental Membership are \$50 for each title. A form is provided herein for those HPA members that are interested in this program.

On the attached application form, please list the title for each publication that you would like to add together with the name of the person who will be representing the title. Although you will not be invoiced until later, each new representative will be eligible to receive all the benefits of supplemental membership for the balance of this year.

Supplemental HPA Membership
Application Form

HPA Member Company name: _____

Name of Addl. Titles:

Represented By (name):

- 1. _____
- 2. _____
- 3. _____

Note: HPA Member Company will be billed \$50 for each Supplemental HPA Membership. Thank you for considering our Supplemental HPA Membership opportunity.

Please mail to:
Rick Asbach
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ph: 808.738.4992 fax: 808.664.8892
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