

TOWN CRIER POLICIES & PROCEDURES

- 1. You must be a member of The Westport Area Business Association to advertise in the town CRIER. Membership of \$20.00 per year is due annually on January 1.**
- 2. The CRIER is distributed bimonthly on the 1st week of the publication month. These issues are February/March; April/May; June/July; August/September; October/November; December/January. Any changes or corrections to your ad or directory listings need to be made to the editor prior to the 10th before the issue month.**
- 3. Invoices are due upon receipt. If you owe a past bill of 90 days or more your ad will be pulled from the CRIER until your balance is paid.**
- 4. When an ad is accepted for publishing, it will run in each issue (until or unless) you call the editor to make changes or cancel; you will not receive a call to confirm each issue.**
- 5. Advertisers must maintain a residence, own or work for a business within a twenty-five (25) mile radius from Westport.**
- 6. Your first ad requires membership and the cost of the ad paid up front. After that ad, you will be billed by the Treasurer.**
- 7. A membership entitles an individual or household to have two (2) businesses within one membership. You can advertise both in the CRIER. Come to the monthly meetings and be listed on our websites as local businesses with your contact information.**

NAME & ADDRESS of BUSINESS:

_____ **DATE**

_____ **Signature for payment responsibility**

The Westport Area Business Association, Inc.
Membership Application Form
&
Member Information Revision Form (page 2)

Business Name _____

Business Phone Number _____

Business OWNER _____

Business Mailing Address _____

Business e-mail Address _____

Business Website Address _____

Brief Description of Business Activity, Products or Services:

Second Business Name _____

Second Business Phone Number _____

Second Business OWNER _____

Second Business Address _____

Second Business e-mail Address _____

Second Business Website Address _____

Brief Description of Second Business Activity, Products or Services:

Date of Application: _____

Signature of Applicant: _____

Signature of BUSINESS ASSO REP. _____

DATE received: _____

Please send completed application to:

Billieu Freelancing

Attn: Westport Area Business Association

900 West Washington Street

Westport, Indiana 47283