

**PNA NEWS SUBSCRIPTION
APPLICATION FORM**

DATE _____

NAME OF ORGANIZATION: _____
BUSINESS ADDRESS: _____
TELEPHONE NOS.: _____
FAX NO.: _____
WEBSITE: _____
E-MAIL ADDRESS: _____

TYPE OF BUSINESS:
(If ONLINE/ PRINT/RADIO/TELEVISION/Others): _____
If print: Circulation : _____
No. of copies : _____
If Daily, Weekly or Monthly: _____

PURPOSE OF SUBSCRIPTION: _____
NAME OF PERSONS AUTHORIZED TO ENTER INTO CONTRACT: _____
POSITION IN THE COMPANY: _____
CONTACT NUMBER/E-MAIL: _____

COMPANY/GOVERNMENT I.D. CARDS PRESENTED: _____

REMARKS/SUGGESTIONS: _____

PRINTED NAME AND SIGNATURE OF APPLICANT

For PNA Use Only:

Application Reviewed by: _____

Noted by: _____

Approved for posting: