



MEMBERSHIP APPLICATION

General Information

Name of Company: _____

Address (Head Office): _____

City: _____ Prov.: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Publisher's Name: _____

Contact Person: _____ Position: _____

Year Established: _____ Number of Full-Time Employees: _____

ISBN Prefix(s): _____

Class of ACP Membership

Membership Applying For:

- Full
- Associate

Have you been an ACP member in the past?

- Yes
- No

If Yes, when? _____

Ownership/Corporate Information

Chief Officers of this Company:

Directors (please list the name, citizenship and place of residence for each director):

This Company is:

- Incorporated
- A Partnership
- Other (please specify): _____

If this company is *Incorporated*, do Canadian citizens own at least 75% of company shares?

- Yes
- No

If no, please indicate the details of the holdings of non-Canadian shareholders.

If this company is a *Partnership*, please list the names of all partners and indicate their citizenship and place of residence.

Contracts: Are there any contracts, agreements, loans, or financial agreements between this company and non-Canadian companies or persons that may limit the decision-making powers of the owners?

- Yes
- No

Publishing Program

Description:

Number of original titles in print: _____

Number of original titles published in: 2015 _____ 2014 _____ 2013 _____

Percentage of titles published by this company that are authored by the principals, partners, directors or employees of the firm?

- 0%
- 1-25%
- 25% or more

Underwritten Costs: Have the costs of any of the titles this company has published been underwritten by either the author or the subject?

- Yes
- No

If yes, please list those titles and the percentage of costs underwritten for each book.

Total Book Sales: For the 12-month period ending _____ (please indicate year), what percentage of this company's total book sales is Canadian books published by this firm.

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Catalogues: Please enclose a copy of your most recent catalogue of frontlist and backlist titles, and a representative sample of your list. Please provide the following information in the space below for each book enclosed.

Title	Author	Date Published	Print Run

Name of person completing this form: _____

Signature: _____

Date: _____

The information provided above is strictly confidential. The Association of Canadian Publishers reserves the right to require additional information. Please return the completed application form to the ACP office, along with the requested sample of your list. If you have any questions, please contact the ACP at 416-487-6116, ext 231, or admin@canbook.org. Further information about membership can be found at www.publishers.ca.