



APPLICATION FOR SUPPORTER DESIGNATION

General Information

Name of Company: _____

Address (Head Office): _____

City: _____ Prov.: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Name of Principal: _____

Contact Person: _____ Position: _____

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

What is the nature of your business? _____

Have you been an ACP member or supporter in the past?

Yes

No

If Yes, when? _____

Ownership

This Company is:

Canadian-owned

Other (please specify): _____

Relationship to Canadian Publishing

What role does your company play in Canadian publishing?

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 ACP at 416-487-6116, ext. 2310, or admin@canbook.org. Further information about Supporter designation can be found at www.publishers.ca.