



Catholic Press Association of the United States and Canada

205 W. Monroe St. Ste. 470 Chicago, Ill. 60606 t (312) 380-6789 f (312) 361-0256

APPLICATION FOR MEMBERSHIP: ORGANIZATIONS

For detailed information on membership classes and benefits, please consult the CPA website at <http://www.catholicpress.org/?page=MembershipClasses> or call 312-380-6789.

1. We hereby apply for active membership in the Catholic Press Association of the United States (CPA) in the name of the following Catholic publication or publishing company:

Name of organization: _____

Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax : _____

E-mail: _____ Website: _____

2. Below is a brief description of our publishing function or purpose. If publication has a mission statement, please submit a copy of the mission statement in addition to the brief description here.

3. For determination of our annual CPA dues, we submit the following necessary information:

My organization is a . . .

PERIODICAL: Please check format: Newspaper Magazine Newsletter

Total Circulation: _____ as of _____ (date)

Publishing Frequency: _____ times per year. Is advertising accepted? Yes No

Annual Subscription Price: Domestic: \$ _____ Foreign: \$ _____ Year established: _____

GENERAL PUBLISHER: Publishers of: Books Pamphlets Other (please describe)

Approximate number of titles or mailings per year: _____ Year established: _____

SERVICE MEMBER: (not a publisher of newspaper, newsletter, magazine or books)

Describe below type of supplier, service, institution or organization you represent:

4. As a condition of membership in the CPA, we list here the name of the individual who is to act as **Registered Representative** for our publication or company and who will conduct our business as an active member of the Catholic Press Association. We understand our registered representative may nominate proxies to act for our publication or company at regular or special CPA meetings, according to the association's Constitution and Bylaws.

Registered Representative: _____ **Title:** _____



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5. Here are the names of our key staff personnel, if applicable:

Publisher: _____

Editor (or top position): _____

Managing Editor: _____

News Editor: _____

General Manager: _____

Business Manager: _____

Advertising Manager: _____

Circulation Manager: _____

Other: _____

6. Is publication or company owned by a Catholic diocese, religious order or other Catholic entity?

Yes No If yes, please name: _____

7. If publication is not owned by a Catholic entity, what is its relationship to the Catholic Church?

8. Is publication or company a member of any other professional or trade association? (e.g., Associated Church Press, state press association, etc.)

Yes No If yes, please name: _____

Enclosed are **3 copies each of our 3 most recent publications** (or sample of general literature, if a General Publisher applicant) for consideration by the CPA membership committee and board of directors. Applicants may mail hard copies or email PDF files and website links to Carol Arnold at carold@catholicpress.org.

If accepted for membership, we agree to abide by the **Catholic Press Association's Fair Publishing Practices Code** (available online at <http://www.catholicpress.org/?page=Bylaws>).

We understand and agree that the board of directors of the CPA will make the **final decision** on our membership, considering the relations of the function, purposes and content of our publication or published materials to the aims, purposes and statutes of the CPA.

We understand notice of final certification of our membership in the CPA will be forwarded to the undersigned by the executive director of the association at a later date, following our election by the CPA board of directors.

9. How did you hear about the Catholic Press Association?

Signature: _____

Date: _____

Title: _____