



Christian Indie Publishing Association™

Application for Partner Membership

Partner Company Name: _____

Contact Name: _____ Title: _____

Contact Email: _____ Contact Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Phone: _____ Fax: _____

Website: _____ Year Founded: _____

Description of services your company provides to publishers:

_ Discount your company will provide to CIPA Publisher Members:

10% 15% 20% 25% Other _____

Special instructions on how CIPA Member Publishers should access your services:



Christian Indie Publishing Association™

Application for Partner Membership

Other Partner Member opportunities you would like to see CIPA offer:

1. _____
2. _____
3. _____
4. _____

Code of Conduct

Acknowledging that Jesus has commanded each of us to “love the Lord your God with all your heart, and with all your soul, and with all your mind” and to “love your neighbor as yourself” (Matthew 22:37,39), we pledge to:

1. Be honest and fair in all our business practices with whomever we conduct business,
2. Honor and fulfill all business commitments and agreements,
3. Treat others as we would have them treat us, and
4. Conduct business in a manner that will bring honor to CIPA, its member publishers, and the title of Christian.

I acknowledge that all individuals representing the above-listed partner business will conduct themselves in accordance with CIPA’s code of conduct. I certify that the above information is correct.

Signature: _____

Date: _____

Print Name and Title: _____

Please enclose your check or money order payable to CIPA for \$100.00 for your calendar year dues.

Mail to:
CIPA
5568 Woodbine Road
#89
Pace, FL 32571

Phone: 850-393-3681

E-mail: cipa@christianpublishers.net

Web: www.christianpublishers.net