

Community Papers of Michigan



Publication Name:

Please shade on this map, as accurately as possible the area that represents your publication's coverage.



Community Papers of Michigan



CODE OF ETHICS

As a member of Community Papers of Michigan, I hereby pledge myself and the organization which I represent to:

- Observe the highest standards of honesty in all business transactions, and to avoid the use of any and all unfair business practices.
- Advertise and publish only such circulation and distribution figures that have been audited by an independent source such as CVC.
- Advertise and publish current advertising rates and furnish rate cards to any legitimate business firm upon request. Quote no rate which cannot be earned by any or all advertisers and not engage in the practice known as “double billing”.
- Subscribe fully to the copyright principle and respect the copyrights of others to the same extent which we expect others to respect our own copyrights.
- Not knowingly permit the use of any false titles, confusing technical data, descriptions, misleading or inaccurate terms or claims in any advertising copy.
- Maintain a spirit of friendly cooperation and assistance towards our fellow craftsmen and extend a helping hand wherever possible.
- Continually endeavor to raise and enhance the quality level of our profession. Maintain a dignity of manner in our craft and the services connected with it and in the appearance of our places of business and in all other forms of public contact.
- Agree that all of the following actions specifically constitute unethical business practices as applied to all publishers and all publications and editions thereof; paid or free, which are a part of the publisher’s organization:
 1. Deliberate setting of advertising rates below cost.
 2. Making of false statement regarding circulation.
 3. Requiring advertisers to purchase space in combination only.
 4. Charging rates not available under the same terms to all advertisers.
 5. Double billing.
- Recognize and subscribe to the authority of the Officers and Directors of Community Papers of Michigan in all matters of interpretation of the Code of Ethics.
- Agree to cooperate fully in any investigation by the Board of Directors, or any duly appointed Ethics Committee of this Association, of any alleged instance of unethical conduct.

FIRM NAME: _____

SIGNATURE: _____ **DATE:** _____

(Must be signed by President, Publisher, or Principal Officer)

Please return this signed form with application. After your application is acted upon favorably by the Board of Directors, you will be sent a Code of Ethics certificate suitable for framing and display.

Community Papers of Michigan



MEMBERSHIP APPLICATION

MEMBERSHIP REQUIREMENTS

Publications must be delivered a minimum of 12 times annually within a designated geographic area. This publication's distribution must be general in nature and not specifically targeted at a specific reader or advertiser. All new members must be approved by the CPM Board of Directors.

- Free Circulation...**
- Published...**at stated intervals.
(Not less than 12 annually)
- News/Features/Community Data...**
may be included in each issue.
- Code of Ethics/Ethical Business Practices...**conforming to that enacted by Community Papers of Michigan.
- Must be Audited by CVC...**
At the expense of CPM.
- Continuity...**as to title and general nature of content from issue to issue. Has published continually for a minimum of 12 months.
- Advertising...**from numerous and unrelated advertisers in each issue.
- Saturation Coverage...**of designated geographical area and not part of any other publication.
- Rack Distribution method is allowed.**

APPLICATION

I/We, having examined the CPM Membership requirements and Code of Ethics, hereby make application for active membership in Community Papers of Michigan and submit the following information in support of my/our application, together with payment of the first-year dues.

Legal Name of Firm: _____ **Average Pages:** _____

Street Address: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____

Publisher's Name: _____ **Telephone: ()** _____

Fax Number: () _____ **E-Mail Address:** _____

No.	Name	Circulation Area	Circulation

List any additional on reverse side, please.

PUBLICATION DATA

I/We certify that the membership herein applied for, if accepted, will be in full compliance both with the CPM Membership requirements and the Code of Ethics which are incorporated as a part of this application. I/We understand that membership will be initiated as soon as this application has been received and acted upon favorably by the Board of Directors. Continuation of membership privileges is subject to compliance with the membership requirements and other provisions of the CPM by-laws and the Code of Ethics.

Firm Name: _____

Signature: _____ **Date:** _____

(Must be signed by President, Publisher, or Principle Officer)

CURRENT MEMBERSHIP DUES: \$35.00 PLUS \$1.00 PER THOUSAND CIRCULATION PER YEAR.

Please make checks payable to Community Papers of Michigan and mail with signed application and Code of Ethics to: Community Papers of Michigan, P.O. Box 1388, East Lansing, MI 48826

Community Papers of Michigan



Detailed Publication/Market Information

WHY DATA?

This information will be used in the rate and data guide distributed to national and regional advertisers and agencies.

DIRECTIONS?

Prepare one form for each free-circulation paper published.

RETURN TO: Community Papers of Michigan, P.O. Box 1388, East Lansing, MI 48826

Paper Name: _____ **Published by:** _____

Mailing Address: _____

City/State/Zip: _____

Shipping Address: _____

Phone: () _____ **Year Established:** _____

Fax Number: () _____ **Email Address:** _____

Publisher: _____ **Sales Manager:** _____

Major City This Paper Covers: _____

Circulation: _____ **Average Pages:** _____

Percent Non-Advertising: _____ **Percent Free**
(News, features, etc.) _____ % **Circulation:** _____ %

Frequency _____ **Day (or dates) of Publication** _____

Deadline: _____

Circulation Area (include zip code, city name and amount distributed):

1. _____	_____	_____	10. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
2. _____	_____	_____	11. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
3. _____	_____	_____	12. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
4. _____	_____	_____	13. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
5. _____	_____	_____	14. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
6. _____	_____	_____	15. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
7. _____	_____	_____	16. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
8. _____	_____	_____	17. _____	_____	_____
Zip	City	Amount	Zip	City	Amount
9. _____	_____	_____	18. _____	_____	_____

Community Papers of Michigan

Detailed Publication/Market Information — Page 2 —



Counties Served

1. _____ Completely Partially 2. _____ Completely Partially 3. _____ Completely Partially

4. _____ Completely Partially 5. _____ Completely Partially 6. _____ Completely Partially

Paper Size: Broadsheet Tabloid Half-Tabloid Other (Specify) _____

Distribution Percentages: Private Carrier _____% Second Class _____%
(Motor Route) _____% Third Class _____%

Private Carrier _____% Controlled
(Foot Carrier) _____% Circulation Class _____%

Newsstands _____% Other (Specify) _____%

No. of Columns: _____ Column Width (Picas): _____

Page Depth (Inches): _____ Page Width (Inches): _____

Display Rates, Per Column Inch \$ _____

Classified Rates \$ _____ Color Rate Per Page \$ _____

Inserts Accepted Yes No

Insert Rates (Single Sheet) \$ _____, plus pricing for additional pages below

2 pg. _____ 4 pg. _____ 6 pg. _____

8 pg. _____ 10 pg. _____ 12 pg. _____

To the best of my knowledge the foregoing information is true and correct.

Date: _____ Signed: _____