



SPANISH EVANGELICAL PRODUCTS ASSOCIATION (SEPA)

1370 NW 88 Ave. Miami, FL 33172

Tel.: 305-503-1195, Fax: 786-331-7720, E-mail: info@sepaweb.org, Website: www.sepaweb.org

APPLICATION FOR MEMBERSHIP OR RENEWAL 2010

Instructions:

1. Read and complete entire two pages application.
2. Make correct payment payable to SEPA. (Please use payment form on page two)
3. Send forms and payment to 1370 NW 88 Ave, Miami, FL 33172 Att: SEPA. Expolit contract will no be processing if this membership is not paid.

Important note: *This membership application is for the year beginning in January 2010 and ending in December 2010. Membership will give to the entity specifically listed in this application only, clearance for participation in SEPA sponsored events. These include but are not limited to EXPOLIT 2010 and the SEPA Summit 2010.*

NEW MEMBERSHIP *

RENEWAL *

* Automatic membership renewal, this will be effective every January 15th. Send a written notice for cancellation.

Full Membership: Any company or supplier of Spanish Christian products must be full voting members. (I.e. Publisher, Music label, specialty Items, Movies, etc.)

Associate Membership (Exhibitor): Any company who provides a service for the Christian Latin markets. (I.e. printers, media, consolidators, etc.)

Associate Membership (Non- exhibitor): Any non-exhibiting distributor or retail bookseller of Spanish Christian products.

BENEFITS OF SEPA MEMBERSHIP

Full Membership:

- Communication and fellowship opportunities with other Spanish Evangelical Suppliers, Distributors, and Bookstores.
- Clearance to become an exhibitor at EXPOLIT, the annual convention for sales and promotion and other SEPA sponsored events throughout the year. (All event fees apply unless a specific discount is stated for members prior to the event.)
- Voice and vote in all SEPA membership meeting.
- Receive SEPA news and updates.
- Reduced rates at ECPA (Evangelical Christian Publishers Association) seminars and workshops.

Associate Membership (Exhibitor): Same as Full membership except:

1. Non voting member:

Associate Membership (Non- exhibitor): Same as Full membership except:

1. Non voting member.
2. Non exhibiting member.

Company Name:

Address:	State:
City:	Zip Code:
Country:	Phone:
E-mail address:	Fax:
Owner of the Company:	Year Company began:
Contact Name:	



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Products we offer (Please Check all that apply):

Bibles Books Magazine Music Printer Software Novelty Items Other _____

Number of book titles published in Spanish _____

We offer the following service(s): _____

1. I hereby certify that our company qualifies for one of the following types of membership as stated in the Bylaws of the Association:

FULL MEMBERSHIP

_____ Sales up to 1 million dollars per year –	US\$	150.00
_____ Sales between 1 and 2 million dollars per year –	US\$	500.00
_____ Sales between 2 and 3 millions dollars per year –	US\$	750.00
_____ Sales of more than 3 million dollars per year –	US\$	1,000.00
_____ Associate Membership – (Exhibitor)	US\$	150.00
_____ Associate Membership – (Non-Exhibitor)	N/A	

2. I have read **all three** pages of this application and clearly understand its contents.

(Note: Application will not be accepted without payment)

3. This membership will renew automatically every January.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Payment Form:

1. Amount of payment: (see above) _____ 2. **Check #** _____

-----OR-----

2. **Mark correct box:**

Visa MasterCard Discover American Express/Security Code _____

Account number: _____ Expiration Date: _____

Name of cardholder as it appears on card: _____

Complete billing address: _____

City: _____ Zip-Code: _____

Telephone: _____ Fax _____