

Colorado Independent Publisher's Association Mentoring Program Application

This Mentoring Program agreement shall only be between current CIPA members in good standing and shall be subject to all CIPA Guidelines and Bylaws.

Mentee Name _____
Business Name _____
Address _____
City _____ State _____ ZIP _____
Business Phone () _____ Home Phone () _____
Fax Number () _____ E-Mail _____
Member since _____

Your area(s) of expertise and/or experience in publishing and writing:

Do you have? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Vision plan | <input type="checkbox"/> Mission statement |
| <input type="checkbox"/> 5-10-15 year Strategic Business plan | <input type="checkbox"/> Copyright filings |
| <input type="checkbox"/> Trademark filings | <input type="checkbox"/> LLC, INC or other filings |
| <input type="checkbox"/> Non-Profit Status filings (if applicable) | <input type="checkbox"/> Complete Manuscript |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Primary areas where I need help from a Mentor:

As a Mentee in CIPA's Mentoring Program, I _____
agree to work with the Mentor assigned to me for four (4) hours within 12 months of
assignment. I am aware that the \$100 fee I paid goes to CIPA in its entirety.

This mentoring can consist of phone advice, one-on-one guidance, teleconference, email
correspondence or any combination that is agreed upon by both parties.

Mentor's name Date

Mentee's name and business name (if applicable) Date

If, after the agreed upon four (4) hours, I desire a continuance of this mentoring program, I
will negotiate an agreed upon amount between the two of us. CIPA will receive nothing
financial in return.

I understand that any part of this contract can be disputed by either party at any time
during this agreement. If a problem should arise where I wish to nullify the contract for
any reason, I agree to provide a complete description of the issue in writing to the Board
Mentoring Chair within three (3) months of assignment.

I agree not to dispute any decision made by the Board regarding a possible situation where
I may want to nullify a mentoring contract. I also agree that any decision made by the
Board will be final.

Mentee's signature Date

Mentor's signature Date

After completing, fax to CIPA at (303) 926-8777 or mail to:

Colorado Independent Publishers Association
P.O. Box 101975
Denver, CO 80250-1975
