



# Academic Membership Application

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This application determines your qualifications for membership in accordance with FPPA bylaws. Academic Membership is available to bona fide educational institutions, or representatives thereof, whose interest in the flexographic platemaking industry is recognized by the Board of Directors. Academic members are non-voting and may participate in programs and activities as determined by the Board. The entire application must be completed to be considered.

Date: \_\_\_\_\_

Academic Institution: \_\_\_\_\_

*(Please spell the way you would like included in all FPPA programs, publications, etc.)*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

FPPA Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional Location

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Institutional Profile

Provide a brief description of your institution/educational program as its relates to the flexo pre-press industry.

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Year institution was established: \_\_\_\_\_

Number of years with flexo pre-press related course material: \_\_\_\_\_

How you heard about FPPA: \_\_\_\_\_

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Reasons for seeking FPPA Membership: \_\_\_\_\_

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Other trade association memberships or affiliations: \_\_\_\_\_

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### **Academic Member Dues**

Check made payable to FPPA is enclosed for the annual dues of \$100.

Please charge my credit card \$100.

Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## Membership Agreement

*The undersigned represents that the information is accurate and complete, and will furnish additional information upon request. The undersigned agrees to abide by all present and future bylaws of the association, as well as rules and regulations as may be established by the Board of Directors. Additionally, the undersigned agrees to cooperate with fellow members and to work for the best interests of the association.*

*If membership is terminated for any reason after acceptance into the association, the undersigned agrees to discontinue all use of the association name, emblem, and any other reference that would imply any connection with the association in the conduct of business.*

Institution Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_