



Flexographic Pre-Press Platemakers Association

Associate Membership Application

Date: _____

Company _____

Address _____

City/State/Zip _____

Telephone (____) _____ Fax (____) _____

E-mail _____ Internet _____

Application is hereby made for Associate Membership in the Flexographic Pre-Press Platemakers Association (FPPA). The information contained in this application will be used to determine your qualifications for membership in accordance with FPPA bylaws. An associate member is a firm or corporation which is a supplier of products or services to flexographic pre-press platemakers who qualify for membership as full members but do not engage in the flexographic pre-press platemaking business. Associate membership shall be non-voting and associate members may participate in association programs and activities as determined by the board of directors. The entire application must be completed to be considered for membership. Failure to complete all parts and sign the form will result in processing delays.

- A. Our company has been involved in the flexographic pre-press industry for _____ years.
- B. Date company/business established: _____
- C. How did you first learn about FPPA? _____
- D. Full Membership includes two representatives per company. (*Additional representatives may be registered for \$200 each.*) Our FPPA representatives will be (*name/title*):
 - 1. _____
 - 2. _____
 - 3. _____
 - 4. _____
- E. Total number of employees: _____

F. Committee participation is an integral part of FPPA membership. Please indicate which of the following FPPA committees you are interested in:

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Associate Member Advisory | <input type="checkbox"/> Industry Standards | <input type="checkbox"/> Marketing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Industry Statistics | <input type="checkbox"/> Membership | |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Management Development | <input type="checkbox"/> Program | |

G. Please list any other trade association memberships or affiliations: _____

H. Briefly state your reasons for seeking membership in FPPA: _____

I. Dues: The annual membership dues are \$3,500 for associate members. Please include your check for the first year's dues with your completed application.

Membership Agreement

The undersigned hereby represents that the information contained herein 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, its rules and regulations as may be established by the board of directors, to cooperate with fellow members and to work for the best interests of the association.

If we are approved for membership and our membership in the association is later terminated for any reason, we agree to discontinue all use of the the association name, emblem and any other reference which would in any way imply that in the conduct of our business we have any connection with the association.

Firm Name: _____ Date: _____

Name: _____ Title: _____

Signature: _____

**Your dues are deductible as an
ordinary and necessary business
expense, and are not deductible
as a charitable contribution.**