



# Flexographic Pre-Press Platemakers Association

## *Full Membership Application*

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

Company \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_ Internet \_\_\_\_\_

Application is hereby made for Full 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. Any firm or corporation shall be eligible for membership in the association, provided the firm or corporation has been regularly engaged in the business of the flexographic pre-press platemaking industry for a period of at least one year. 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"/> Awards             | <input type="checkbox"/> Industry Statistics    | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Management Development | <input type="checkbox"/> Program    |
| <input type="checkbox"/> Industry Standards | <input type="checkbox"/> Marketing              | <input type="checkbox"/> Technology |

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 \$1,000 for Full 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.**