

# Flexographic Pre-Press Platemakers Association

#### **Associate Member Application**

This application determines your company's qualifications for membership in accordance with FPPA bylaws. Associate Membership in FPPA is open to any firm or corporation that supplies products and services to flexographic pre-press platemakers, but does not engage in platemaking activities. Associate members are non-voting and may participate in programs and activities as determined by the Board of Directors. The entire application must be completed to be considered.

Company:  Please spell the way you would like to be included in all FPPA publications.  Address:  City/State/Zip:  Phone: Fax:  Website:  Representative 1:  Title:  Email: Phone:
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Representative 1: Title:
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Email: Phone:
Representative 2:
Title:
THEO.
Email: Phone:



## Flexographic Pre-Press Platemakers Association

#### **Additional Locations**

Address:		
City/State/Zip:		
Phone:	Fax:	
Address:		
City/State/Zip:		
Phone:	Fax:	
Address:		
City/State/Zip:		
Phone:	Fax:	
Company Profile		
Please provide a brief description of your co		
Please provide a brief description of your co	ompany.  Years in Flexo Pre-Press Industry:	
Please provide a brief description of your co		
Please provide a brief description of your co Year Established: Number of Employees:		



## Flexographic Pre-Press Platemakers Association

<b>Dues</b> Annual dues for Associate Members are \$3,50 completed application.	oo. Please include payment with your
Check (payable to FPPA) enclosed. Call	
413.686.9187 for credit payments	
Membership Agreement The undersigned represents that the informat additional information upon request. The und future bylaws of the association, as well as ru the Board of Directors. Additionally, the under members and to work for the best interests of the membership is terminated for any reason affundersigned agrees to discontinue all use of reference which would imply any connection business.	ersigned agrees to abide by all present and les and regulations as may be established by rsigned agrees to cooperate with fellow f the association.  Iter acceptance into the association, the the association name, emblem, and any other
Company Name:	Date:
Name:	Title:
Signature:	