



Flexographic Pre-Press Platemakers Association

Full Membership Application

This application determines your company's qualifications for membership in accordance with FPPA bylaws. Full Membership in FPPA is open to any firm or corporation that has engaged in the manufacture of flexographic printing plates for a period of at least one year. The entire application must be completed to be considered.

Date:

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:

Representative 2:

Title:

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 company.

Year Established:

Years in Flexo Pre-Press Industry:

Number of Employees:

How you heard about FPPA:

Reasons for seeking FPPA Membership:

Other trade association membership or affiliations:



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Dues

Annual dues for Associate Members are **\$1,000**. Please include payment with your completed application.

- Check (payable to FPPA) enclosed.
- Call 413.686.9187 for credit card payments.

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 which would imply any connection with the association in the conduct of business.

Company Name: _____ Date: _____

Name: _____ Title: _____

Signature: _____