

## Flexographic Pre-Press Platemakers Association

## **Affiliate Supplier Membership Application**

This application determines your company's qualifications for membership in accordance with FPPA bylaws. Affiliate Supplier membership in FPPA is open to any firm or corporation that supplies non-platemaking related products or services to flexographic converting companies (e.g. presses, anilox rollers, inks, substrates). Affiliates are non-voting members and may participate in programs and activities as determined by the Board of Directors. The entire application must be completed to be considered.

| Date:   |        |
|---|--------|
|   |        |
| Company:  |        |
| (Please spell the way you would like it included in all FPPA prog |        |
| Address:  |        |
| City/State/Zip:   |        |
|   | _ Fax: |
| Website:  |        |
|   |        |
| FPPA Representative 1:  |        |
| Title:  |        |
|   | Phone: |
|   |        |
| FPPA Representative 2:  |        |
| Title:  |        |
| Email:  | Phone: |

Additional company representatives may be registered for \$200 each.

## **Additional Locations**

| Address:   |        |
|--|--------|
| City/State/Zip:  |        |
| Phone:   | _ Fax: |
| Address  |        |
|  |        |
|  |        |
| Phone:   | Fax:   |
| Address:   |        |
| City/State/Zip:  |        |
| Phone:   | _ Fax: |
|  |        |
| Company Profile Provide a brief description of your company. |        |
|  |        |
|  |        |
|  |        |
|  |        |
| Year established:  |        |
| Number of years in the flexo pre-press industry:             |        |
| Number of employees:   |        |
|  |        |
| How you heard about FPPA:                                    |        |
|  |        |
|  |        |
|  |        |
| Reasons for seeking FPPA Membership:                         |        |
|  |        |
|  |        |
|  |        |

| Other trade association memberships or affiliations: |   |                                     |  |
|--|---|-------------------------------------|--|
|  |   |                                     |  |
|  |   |                                     |  |
|  |   |                                     |  |
| Affiliate Supplier Member Dues                       | 3   |                                     |  |
| Check made payable to FPPA is encl                   |   |                                     |  |
| Please charge my credit card \$500.                  |   |                                     |  |
| VisaMasterCardA                                      | American Express  |                                     |  |
|  | •   |                                     |  |
| Card Number:   | Exp. Date:  | CSV:                                |  |
| Cardholder Name:                                     |   |                                     |  |
| Address:   |   |                                     |  |
| Cardholder Signature:                                |   |                                     |  |
|  |   |                                     |  |
|  |   |                                     |  |
| Membership Agreement                                 |   |                                     |  |
| The undersigned represents that the information      | on is accurate and complete, and will furnish a   | dditional information upon          |  |
| request. The undersigned agrees to abide by all      | l present and future bylaws of the association, and Additionally, the undersigned agrees to coopera | as well as rules and regulations as |  |
|  | er acceptance into the association, the undersig<br>r reference that would imply any connection w   |                                     |  |
| Company Name:  | Dat   | e:                                  |  |
| Name:  |   |                                     |  |
|  |   |                                     |  |
|  |   |                                     |  |
|  |   |                                     |  |