



# 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 it included in all FPPA programs, publications, etc.)*

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

FPPA Representative 1: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ 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: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Company Profile

Provide a brief description of your company.

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Year established: \_\_\_\_\_

Number of years in the flexo pre-press industry: \_\_\_\_\_

Number of employees: \_\_\_\_\_

How you heard about FPPA: \_\_\_\_\_

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Reasons for seeking FPPA Membership: \_\_\_\_\_

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Other trade association memberships or affiliations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Full Member Dues**

\_\_\_ Check made payable to FPPA is enclosed for the annual dues of \$2,350.

*All prospects will be sent an invoice with payment instructions/ options after we receive their application.*

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

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_