



# Affiliate Supplier Membership Application

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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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Check made payable to FPPA is enclosed for the annual dues of \$500.

Please charge my credit card \$500.

Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_

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

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

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

### 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: \_\_\_\_\_