



Application for Membership

Annual Dues: \$125.00*

Company Name: _____
 Your Name/Position: _____ CAS () MAS ()
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ Cell: _____
 Email Address: _____
 Web page: _____ UPIC: _____

Type of Promotional Product Business:
 Distributor Supplier Business Services Marketing Firm Local Supplier Rep Multi-Line Rep

Number of years in Promotional Products Industry _____

Supplier: Type of product you sell or manufacture _____

Are you a member of PPAI? Yes No If yes, PPAI # _____
 Do you subscribe to SAGE? Yes No If yes, SAGE # _____
 Do you subscribe to ASI? Yes No If yes, ASI # _____

Please list below four Promotional Products trade references
 (Distributors, list suppliers; Suppliers, list distributors; Supplier Reps, list line you represent).

Company Name _____
 Contact Person & Phone _____

Company Name _____
 Contact Person & Phone _____

Company Name _____
 Contact Person & Phone _____

Company Name _____
 Contact Person & Phone _____

If accepted, our company agrees to abide by the Bylaws of the Association.
 Signature of Officer of Applying Firm

** Dues may not be deducted as a charitable expense but may be deducted as a business expense*