

Associate Membership Application

Association for PRINT Technologies
 1899 Preston White Drive • Reston, Virginia 20191
 Phone: (703) 264-7200 • Fax: (703) 620-0994
 Email: membership@aptech.org

COMPANY INFO

Company Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Mailing Address (if different from above) _____
 Phone _____
 E-mail _____ Web Site _____

DELEGATE INFO

MEMBER COMMUNICATIONS POLICY: The Association communicates with members on issues of importance such as programs, reports, and other products and services via e-mail, fax, mail, phone and courier services. By signing this membership application, you agree to receive communications via the e-mail address provided on the application.

Primary Contact _____ Cell # _____
 Title _____ E-mail _____
 Signature _____ Date _____
 Alternate Contact _____ Cell # _____
 Title _____ E-mail _____

Associate membership shall be open to any person, firm, corporation or division of a corporation that does not qualify for Manufacturer Membership. Associate members may not serve on the Board of Directors, purchase research studies, or participate in the Market Data Program.

ANNUAL SALES VOLUME (Previous Year)

Up to \$1,000,000	\$ 400
\$1,000,001 to \$2,500,000	\$ 600
\$2,500,001 to \$5,000,000	\$ 900
\$5,000,001 to \$10,000,000	\$1,650
\$10,000,001 to \$20,000,000	\$2,900
\$20,000,001 to \$30,000,000	\$4,300
\$30,000,001 to \$40,000,000	\$5,700
\$40,000,001 to \$80,000,000	\$7,100
\$80,000,001 and Over	\$7,500
Total Dues Enclosed	

For your convenience, dues payment may be made by check payable to **Association for PRINT Technologies** or by credit card:

Credit Card# _____
 Exp. Date _____ Verification* # _____
*3-4 digits printed on back of credit card
 Card Holder's Name _____
 Signature _____ Date _____

Remit to address for check payments:

Association for PRINT Technologies
P.O. Box 79842
Baltimore, MD 21279-0842

Contact the membership department for the percentage that is not deductible.