

MEMBERSHIP APPLICATION

B65 COMMITTEE

1. CHECK ONE:

- I would like to apply for Participating Membership on B65. *Voting membership: Participating members are expected to attend meetings and/or comment on document drafts, and return all ballots*
- I would like to apply for Observing Membership on B65. *Non-voting membership: Observing members receive minutes, document drafts, and meeting notices but are not expected to actively participate*

Date of Application:

2. CONTACT INFORMATION

Delegate

Alternate (optional)

Name:

Name:

Title:

Title:

Company:

Company:

Address:

Address:

City/State/Zip:

City/State/Zip:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

Any participant of the B65 committee must have a valid e-mail address to receive all documents, correspondence, ballots, etc.

3. SUBCOMMITTEE ACTIVITIES

If one or more representative will participate in subcommittee activities, please check those of interest. Indicate name of representative(s), and level of interest: Participating (voting) or Observing (non-voting). If participant is other than Delegate or Alternate, please provide contact information on a separate page.

**SUBCOMMITTEES
(see below for details)**

NAME(S)

**PARTICIPATING
(voting)**

**OBSERVING
(non-voting)**

SC0 – General Safety Requirements

SC1 - Printing Press Safety

SC2 - Bindery Systems Safety

SC3 - Bindery Cutting Machine Safety

SC4 - Platen Press Safety

SC6 - Safety of Ink-Making Equipment

*B65 Membership Application Page 1 of 2 – please complete **BOTH** pages*

4. CHECK ONE WHICH BEST DESCRIBES YOUR ORGANIZATION:

- Manufacturer (manufacture equipment, hardware, software or systems)
- User (non-manufacturer using standards either directly or through use of products that incorporate them)
- Association (industry trade association)
- Consultant/Individual Expert (individual with technical expertise in the subject area but not representing an organization)
- Government (employed by local, state or federal government agency)
- Educator/Educational Institution (full-time educator or student)

5. PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION'S BUSINESS

If applying for Participating (voting) Membership this information will be included on the ballot of your membership.

6. MEMBERSHIP FEES

*Fees include membership on the full committee as well as selected subcommittees. **Payment (if applicable) must accompany application.** See FEE STRUCTURE, below, for details.*

- Check (payable to APTEch)
- American Express Visa MasterCard Discover

Card Number: _____ Verification #: _____ Expiration Date: _____

Verification #: 3-4 digits on back of credit card after card #. Credit card orders cannot be processed without verification #.

Cardholder's Name: _____ Signature: _____

FEE STRUCTURE

	Voting Membership	Observing Membership
APTEch Member	\$0.00	\$0.00
PSP Member	\$100.00	\$25.00*
APTEch Non-Member	\$300.00	\$0.00
Consultant/Individual Expert	\$100.00	\$0.00
Educational	\$0.00	\$0.00
Government	\$0.00	\$0.00

**Per SC (subcommittee)*

PLEASE RETURN BOTH PAGES OF YOUR COMPLETED APPLICATION TO:

Jeffrey Linder	Tel: 703/264-7200
Association for PRINT Technologies	Fax: 703/620-0994
1896 Preston White Drive	E-mail: jlinder@aptech.org
Reston, VA 20191	

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