

MEMBERSHIP APPLICATION

COMMITTEE FOR GRAPHIC ARTS TECHNOLOGIES STANDARDS (CGATS)

1. CHECK ONE:

- I would like to apply for Participating (Voting) Membership on CGATS (parent committee).
Participating members are expected to attend meetings and/or comment on document drafts, and return all ballots
- I would like to apply for Observing (Non-Voting) Membership on CGATS (parent committee).
Observing members receive minutes, document drafts, and meeting notices. They may comment on documents, but may not vote.

Date of Application:

2. CONTACT INFORMATION FOR PARENT COMMITTEE MEMBERSHIP

<u>Delegate</u>	<u>Alternate (optional)</u>
Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
*E-mail:	*E-mail:

** All participants must have a valid e-mail address to receive all documents, correspondence, ballots, etc.*

3. SUBCOMMITTEE AND WORKING GROUP ACTIVITIES

I would like to also apply for membership on the following subcommittee and/or working group activities, please check those of interest. Indicate name of representative(s), and level of interest. If participant is other than Delegate or Alternate shown above, please provide contact information on a separate page.

SUBCOMMITTEES AND WORKING GROUPS	NAME(S)	PARTICIPATING (voting)	OBSERVING (non-voting)
<input type="checkbox"/> SC3 – Metrology & Process Control		<input type="checkbox"/>	<input type="checkbox"/>
The following subcommittees are in stand-by mode and will be reactivated for periodic maintenance of standards			
<input type="checkbox"/> SC5 - Material Handling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG1 - PDF/X		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG2 – VDX		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG3 - Diecutting Data (IT8.6)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC9 WG1 - Digital Workflow for Packaging		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC9 WG2 - Ink & Color Char. for Packaging		<input type="checkbox"/>	<input type="checkbox"/>

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

4. CHECK THE CATEGORY THAT BEST DESCRIBES YOUR ORGANIZATION

(choose one category only):

- Consumables Manufacturer (manufacture consumables used in graphic technology processes)
- Equipment Manufacturer (manufacture equipment, systems, or parts for equipment or systems)
- Software Manufacturer (design and produce software used in the graphic technology industry)
- User (non-manufacturer using standards either directly or through use of products that incorporate them)
- Association (industry trade association)
- Individual Expert/Consultant (individual with related technical expertise 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 you are applying for Participating Membership this information will be included on the ballot of your membership.

6. MEMBERSHIP FEES FOR FULL COMMITTEE

(no fee for subcommittee/working group participation)

*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 NPES)
- American Express Visa MasterCard Diner’s Club/Carte Blanche 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

	<u>PARTICIPATING</u> <u>(VOTING) MEMBERSHIP</u>		<u>OBSERVING</u> <u>(NON-VOTING) MEMBERSHIP</u>		
	NPES Members	NPES Non-Members		NPES Members	NPES Non-Members
Companies	\$0.00	\$300.00	Observer	\$0.00	\$0.00
Association	N/A	\$200.00			
Individual Expert/Consultant	N/A	\$100.00			
Government	N/A	\$0.00			
Educator/Educational Institution	N/A	\$0.00			

PLEASE RETURN BOTH PAGES OF YOUR COMPLETED APPLICATION TO:

Debbie Orf
 NPES
 1899 Preston White Drive
 Reston, VA 20191

Tel: 703/264-7200
 Fax: 703/620-0994
 E-mail: dorf@npes.org