



# Membership Application

**Member Focused. Solution Driven.**  
**GLGA is your gateway to Printing Industries of America**

**ACTIVE MEMBERSHIP** (check all that apply):

- |                                          |                                           |                                         |                                        |
|------------------------------------------|-------------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Sheetfed        | <input type="checkbox"/> Gravure          | <input type="checkbox"/> Quick Printing | <input type="checkbox"/> Bindery       |
| <input type="checkbox"/> Heatset Web     | <input type="checkbox"/> Packaging        | <input type="checkbox"/> Prepress       | <input type="checkbox"/> Die Cutting   |
| <input type="checkbox"/> Non-Heatset Web | <input type="checkbox"/> Screen Printing  | <input type="checkbox"/> Fulfillment    | <input type="checkbox"/> Foil Stamping |
| <input type="checkbox"/> Flexography     | <input type="checkbox"/> Digital Printing | <input type="checkbox"/> Mailing        | <input type="checkbox"/> Other         |

**ASSOCIATE MEMBERSHIP** (check all that apply):

- Supplier     
  Dealer     
  Print Broker     
  Consultant     
  Other

Brief description of your product/service: \_\_\_\_\_

<b>COMPANY INFORMATION</b> (Copy and complete this page for each additional location.):			
Company Name:		Division:	
Street Address:			
City:		State:	9-Digit Zip Code:
Phone:	Fax:	Toll Free:	
Web Address:			
<b>MAILING ADDRESS:</b> <input type="checkbox"/> Same as above			
Street or Post Office Box			
City:		State:	9-Digit Zip Code:
Parent Company:		Phone:	
Address:			
<b>KEY MEMBERSHIP CONTACTS:</b> (Your company's designated contact for all membership-related concerns)			
Primary Contact:		Title:	
Email:		Phone Ext.:	
Secondary Contact:		Title:	
Email:		Phone Ext.:	
<b>DEPARTMENT CONTACTS:</b>			
	<b>NAME</b>	<b>TITLE</b>	<b>EMAIL ADDRESS</b>
President / CEO / Owner			
Human Resources			
Sales / Marketing			
Production / Plant Management			
CFO / Controller			
CSR / Estimating / Planning			
Environmental / Safety / Health Management			
Mailing / Fulfillment			
Premedia			
<b>Year Founded:</b>		<b>Open Shop:</b> <input type="checkbox"/>	<b>Union – Local Affiliation:</b>
<b>Number of full-time employees:</b>		<b>Total Annual Sales:</b>	

GLGA Membership Application continued:

**Please list your top three business concerns:**

1.

2.

3.

**CURRENT MEMBERSHIPS** (please list other professional memberships):

**PAYMENT OPTIONS** (check schedule preference):

TOTAL ANNUAL DUES: \$ \_\_\_\_\_ START MONTH/YEAR: \_\_\_\_\_

Annual \$ \_\_\_\_\_  Semi-annual \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

Invoice — Purchase Order # \_\_\_\_\_ (if required) for \$ \_\_\_\_\_

Mail Invoice  Email Invoice: \_\_\_\_\_

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

Attention: \_\_\_\_\_

Check enclosed in the amount of \$ \_\_\_\_\_ (payable to GLGA)

Credit Card:  Email Receipt to: \_\_\_\_\_

American Express  Visa  MasterCard  Discover

Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Signature:\* \_\_\_\_\_

\* We cannot accept credit card registrations without the cardholder's signature.

We understand our association membership will be automatically renewed unless terminated in writing by either party.

\_\_\_\_\_  
Authorized by (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date