



Membership Application

Member Focused. Solution Driven.

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: _____

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

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