



2012 MEMBERSHIP APPLICATION

CONTACT INFORMATION

Company Name _____

P.O.Box _____

Street Address _____

Address must be furnished to receive membership packet

City _____ State _____ Zip Code _____

Phone #1 _____ Phone #2 _____

Fax _____

Contact Person _____

All mailings will be sent to this Official Representative

E-mail Address _____

Web Address _____

ASI# _____ Date Listed by ASI _____

PPAI/UPIC# _____ Year Business Started _____

Additional Contacts Name & Email (to receive updated information): _____

CATEGORY OF COMPANY (CIRCLE ONE)

- | | | | |
|--|--|---|--|
| <p>Distributor
A company which develops ideas for the use of promotional products as an advertising or promotional medium buys from suppliers and sells to end users.</p> | <p>Supplier
A company which manufactures, imports, converts imprints or otherwise offers promotional products for sale through the distributor as its principal business.</p> | <p>Multi Line Representative
A company which provides sales and/or marketing services for one or more Supplier company and who does their own invoicing.</p> | <p>Marketing Company
A company which provides marketing services for one or more promotional products supplier.</p> |
|--|--|---|--|

If company applying for membership IS NOT a member of PPAI nor has been listed by ASI for at least six (6) months, please check one of the following:

DISTRIBUTOR COMPANY APPLICANTS

Enclosed are purchase orders from ten (10) different ASI-listed suppliers

SUPPLIER COMPANY APPLICANTS

Enclosed are purchase orders from ten (10) different ASI-listed distributors

*Sample orders will not be accepted

I hereby apply for membership in Promotional Professionals Association of Chicago, and enclose my payment for the amount of \$135.00 payable to PPACHicago, which is to be returned to me in the event of non-election to membership. In the event of my election to membership, I agree to abide by the By-laws and Rules and Regulations of Promotional Professionals Association of Chicago.

Please tell us how you heard about PPACHicago: _____

MEMBERSHIP FEES

To be processed, dues must be submitted with application. Dues are for fiscal year only.

ANNUAL DUES: \$135.00

PAYMENT INFORMATION

_____ Visa _____ Master Card _____ American Express _____ Check _____

Card No. _____ Expiration _____ Security Code _____

Signature _____

Please send the application form to:

PPACHICAGO
1608 N. Milwaukee
Ste 401
Chicago, IL 60647
630-983-7722 (P) 630-839-9190 (F)



Applications are presented for approval at the monthly Board of Directors meeting. After approval, your membership packet will be sent to you.

Contributions or gifts to PPACHicago are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.