



# MEMBERSHIP APPLICATION

## CONTACT INFORMATION

Company Name \_\_\_\_\_

Line Name \_\_\_\_\_  
*Suppliers only*

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><b>Distributor</b></p> <p>A company which develops ideas for the use of promotional products as an advertising or promotional medium and buys from suppliers and sells to end users.</p>	<p><b>Supplier</b></p> <p>A company which manufactures, imports, converts imprints or otherwise offers promotional products for sale through the distributor as its principal business.</p>	<p><b>Multi Line Representative</b></p> <p>A company which provides sales and/or marketing services for one or more Supplier company(s).</p>	<p><b>Marketing Company</b></p> <p>A company which provides marketing services for one or more promotional products supplier and distributor or to PPACHicago members.</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 \$150.00 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. Membership year is January 1, 2010 – December 31, 2010.

**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**  
**PO Box 220076**  
**Chicago, IL 60622**  
**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.