



ACTIVE

MEMBERSHIP APPLICATION (For multiple company locations please photocopy this page)

For firms producing or contributing to the production of a printed product.

(PLEASE TYPE OR PRINT)

Primary Business: (Check One)

- Broker
 Commercial
 Digital
 Flexo
 Label
 Packaging
 Publication
 Quick
 Trade Shop (type) _____ Other (type) _____

Primary Capabilities: (Check All That Apply)

- Bindery/Finishing
 Digital Printing
 Heatset Web Offset
 Non-Heatset Web Offset
 Flexo
 Screen Printing
 Sheetfed Offset
 Gravure
 Quick Printing
 Other _____

Company Information: (Please photocopy this page if you have more than one location in the Carolinas)

Company Name: _____

Mailing Address: _____ **Street Address: (If Different)** _____

City: _____ **City:** _____

State: _____ **State:** _____

Zip: _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Toll Free:** _____

Web Address: _____ **County:** _____

We were referred to PICA by:

Demographics: The following information is essential for PICA and PIA/GATF to report to the government the current employment and economic impact of the Carolinas' printing industry. This confidential information is used solely in industry statistical reports.

Full Time Employees: _____ **Part Time Employees:** _____ **Annual Sales:** _____

Parent Company (if applicable): _____

Communications Preference: Phone Fax E-mail Mail

Primary Contact: _____ **Title:** _____

E-mail: _____ **Phone Ext.:** _____

Secondary Contact: _____ **Title:** _____

E-mail: _____ **Phone Ext.:** _____

Confidential Information should be sent to: Primary Contact Secondary Contact

Additional Senior Management Names & Email Addresses for Our Mailing List:

CEO or Owner(s) name – if not already listed as Key Contact:

<u>Department Contact:</u>	<u>Phone Extension</u>	<u>E-Mail Address</u>
Pre-Press: _____	_____	_____
Pressroom: _____	_____	_____
Post-Press: _____	_____	_____
Customer Service: _____	_____	_____
Sales: _____	_____	_____
Financial: _____	_____	_____
Human Resources: _____	_____	_____
OSHA/EPA: _____	_____	_____
Other: _____	_____	_____

Please list your top three business concerns:

Reason(s) for joining PICA

1. _____
2. _____
3. _____

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2. _____
3. _____

DUES INVESTMENT CHART

Active Member dues are based on the preceding fiscal year's annual sales for printing products *produced* in the Carolinas. If a printer has a sales office only and no production facilities in the Carolinas, dues are then a based only on printing sales within the Carolinas.

CLASS	ANNUAL SALES VOLUME	MONTHLY DUES	CLASS	ANNUAL SALES VOLUME	MONTHLY DUES
1	\$0 - \$150,000	\$19	21	\$3,500,001 - \$4,000,000	\$195
2	\$150,001 - \$200,000	\$26	22	\$4,000,001 - \$4,500,000	\$200
3	\$200,001 - \$250,000	\$35	23	\$4,500,001 - \$5,000,000	\$205
4	\$250,001 - \$300,000	\$37	24	\$5,000,001 - \$6,000,000	\$210
5	\$300,001 - \$350,000	\$45	25	\$6,000,001 - \$7,000,000	\$215
6	\$350,001 - \$400,000	\$47	26	\$7,000,001 - \$8,000,000	\$221
7	\$400,001 - \$450,000	\$58	27	\$8,000,001 - \$9,000,000	\$226
8	\$450,001 - \$500,000	\$68	28	\$9,000,001 - \$10,000,000	\$231
9	\$500,001 - \$600,000	\$79	29	\$10,000,001 - \$12,000,000	\$244
10	\$600,001 - \$700,000	\$89	30	\$12,000,001 - \$14,000,000	\$256
11	\$700,001 - \$800,000	\$97	31	\$14,000,001 - \$16,000,000	\$268
12	\$800,001 - \$900,000	\$105	32	\$16,000,001 - \$18,000,000	\$275
13	\$900,001 - \$1,000,000	\$110	33	\$18,000,001 - \$20,000,000	\$284
14	\$1,000,001 - \$1,250,000	\$131	34	\$20,000,001 - \$25,000,000	\$310
15	\$1,250,001 - \$1,500,000	\$152	35	\$25,000,001 - \$30,000,000	\$336
16	\$1,500,001 - \$1,750,000	\$163	36	\$30,000,001 - \$35,000,000	\$368
17	\$1,750,001 - \$2,000,000	\$173	37	\$35,000,001 - \$40,000,000	\$377
18	\$2,000,001 - \$2,500,000	\$181	38	\$40,000,001 - \$45,000,000	\$385
19	\$2,500,001 - \$3,000,000	\$189	39	\$45,000,001 - \$50,000,000	\$394
20	\$3,000,001 - \$3,500,000	\$192	40	\$50,000,001 - Up	\$446

Financial information provided to PICA is held in strict confidence and is not shared with any third party.

PICA membership also includes Printing Industries of America. Each month, PICA pays dues on your behalf to the national association. Please complete the following to calculate your PICA monthly dues:

Our most recent fiscal year-end sales were \$ _____. Based on the chart above, our membership classification is Class # _____.

Method of Payment Options:

Please select your payment option & frequency for the PICA fiscal year (July 1 through June 30).

Payment Options:

- Invoice
- Credit Card [authorization form attached must be completed & returned.]
- Direct Deposit [please contact PICA for details.]

Frequency:

- Annual
- Quarterly
- Monthly

By signing this form, I understand by providing the fax number and email addresses on page 1, permission is granted to PICA, The PICA Foundation and PIA/GATF to send faxes and emails to our company. Also, membership will remain in effect until terminated, in writing, by either party.

Authorized by (please print)

Title

Signature

Date

*\$25.00 of annual dues goes to the by-monthly publication of the PICA Scanner.
Contributions or gifts to PICA are not deductible as charitable contributions for federal income tax purposes.
The majority of membership dues, however, may be deducted as ordinary and necessary business expense.*

PICA, PO Box 19889, Charlotte, NC 28219, (704)357-1150, (704)357-1154 fax

CREDIT CARD AUTHORIZATION FOR PICA DUES

The Printing Industry of the Carolinas, Inc. (PICA)
PO Box 19889, Charlotte, NC 28219-0889
(704) 357-1150 or (800) 849-7422 Fax (704) 357-1154

For: _____
Company Name **City, State** **Date**

In accordance with the Payment Card Industry Data Security Standards (PCI DSS), we are providing this form to members wishing to pay their dues using a credit card. Please complete this form and return to PICA with the membership application.

Instructions

1. Complete the form by typing or printing legibly with a dark pen.
2. Include all billing information in the blanks below.
3. Include credit card holder's signature below.
4. Complete all information below and fax or mail to PICA (address and fax listed above).

I, _____, hereby authorize **PICA** to charge my credit card account for membership dues according to the membership agreement attached.

Type of Card: _____ American Express _____ MasterCard _____ Visa

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits on the number on the back of the card)

Credit Card Billing Address:

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email _____

Name as it appears on Card: _____

Cardholder's Signature _____ Date _____

Complete and fax all documents required to: 704-357-1154