

For firms selling or providing services to companies involved in the production of printed products.

(PLEASE TYPE OR PRINT)

Primary Products or Services:

- Consultant specializing in _____
- Recruiting / Placement
- Leasing / Financial Services
- Other _____

BRIEF DESCRIPTION OF YOUR BUSINESS (25 Words):

Company Information:

Company Name: _____

Mailing Address:

Street Address: (If Different)

City: _____

State: _____

Zip: _____

Phone: _____ Fax: _____

Web Address: _____

City: _____

State: _____

Zip _____

Toll Free: _____

County _____

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

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): _____

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

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

Please list your top three business concerns:

Reason(s) for joining PICA

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____



CONSULTANT MEMBER DUES INVESTMENT CHART

Consultant Member dues are based on *annual sales within the Carolinas* for the preceding fiscal year.

MEMBERSHIP CLASS	RANGE SALES VOLUME	MONTHLY DUES RATE	ANNUAL DUES RATE
A	Up to \$250,000	\$26	\$312
B	\$250,001 to \$500,000	\$47	\$564
C	\$500,001 to \$1,000,000	\$79	\$948
D	\$1,000,001 – \$10,000,00	\$126	\$1,512
E	\$10,000,001 - \$50,000,00	\$142	\$1,704
F	\$50,000,001 - Up	\$158	\$1,896

Please list on the enclosed sheet all multiple locations to be included in the PICA Phone Directory, as well as receive promotional mailings throughout the year. For each location please add \$10.00 per month to your monthly dues rate.

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

PICA membership also includes PIA/GATF. 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 # _____.

	Monthly	Annual
Monthly Dues for our Membership Class:	\$ _____	\$ _____
_____ Additional Locations @ \$10.00 each:	\$ _____	\$ _____
Total Dues:	\$ _____	\$ _____

Method of Payment Options:

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

Payment Options:

- _____ 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 19488, 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 19488, Charlotte, NC 28219-9488
(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

PICA ASSOCIATE MEMBER BRANCH LOCATIONS

(Please add \$10.00 per month for each location to your monthly dues.)

Company Name: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ 9-Digit Zip Code: _____

Phone: _____ Fax: _____ Toll Free: _____

E-mail address: _____