

APPLICATION FOR MEMBERSHIP

TYPE OF COMPANY:

 Active/Printer Associate/Vendor

I hereby apply for membership in Printing Industries of Virginia (PIVA). I agree to abide by the association's bylaws and to pay my dues in a timely manner. I understand that membership in PIVA includes my free membership in Printing Industries of America (PIA) and the Graphic Arts Technical Foundation (GATF).

Date _____

Company _____

Key Contact _____ Title _____

Street _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ Website _____

DEMOGRAPHICS:

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

Business is located in the county of _____

No. of employees: Full-time _____ Part-time _____

Total Annual Sales: _____

Description of your company/services provided _____

ADDITIONAL EMPLOYEES TO RECEIVE PIVA CORRESPONDENCE:

NAME _____ EMAIL _____ TITLE _____

NAME _____ EMAIL _____ TITLE _____

NAME _____ EMAIL _____ TITLE _____

METHOD OF PAYMENT:

 Check Enclosed Credit Card

Credit Card No. _____ Exp Date _____

Name on Card _____ Type of Card _____

Please Bill me (circle one):

Monthly

Quarterly

Semi-Annually

Annually

FOR PIVA USE ONLY

APPLICATION APPROVED BY _____ DATE _____

MONTHLY DUES \$ _____ DATE JOINED _____

MEMBER NO. _____