

PREMIUM MEMBER

Gain Valuable Opportunities and Unlock The Full Potential of Your Business With Our Premium Membership at The Florida Graphics Alliance.



Florida
Graphics
Alliance™

MEMBERSHIP APPLICATION

This application is for membership in the Florida Graphics Alliance, Inc. and The Printing Association of Florida, Inc. By becoming a member, you agree to support the objectives of these associations and adhere to our Bylaws and Code of Ethics. Membership is valid for one year and will automatically renew unless we receive written notice of cancellation at least 30 days before the renewal date. The FGA reserves the right to adjust the dues structure with 60 days' written notice, as deemed necessary for the benefit of the Association. Any dues changes will not apply to contracts during their first year, unless the adjustment is a decrease.

COMPANY NAME _____

ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

PHONE _____ **FAX** _____

WEBSITE _____

LINKEDIN _____ **INSTAGRAM** _____ **OTHER** _____

PRIMARY CONTACT _____

TITLE _____ **EMAIL** _____

MEMBER SIGNATURE _____ **DATE** _____

EMPLOYEES

Full & Part-time Florida Employees include owners, partners, office & sales personnel, shop staff, leased employees & independent contractors.

Revenue, Last Fiscal Year _____

Total Number of Full-time Florida Employees _____ (Those who work 32 hours or more per week on the average)

Total Number of Part-time Florida Employees _____ (Those who work 20-31 hours per week on the average)

ANNUAL DUES

Based on Company Topline Revenue

Sales Revenue	1 - 2,000,000	2,000,001 - 4,000,000	4,000,001 - 9,000,000	9,000,001 - 15,000,000	15,000,001 - 25,000,000	25,000,001 +
Membership	\$499.00	\$699.00	\$899.00	\$1,199.00	\$1,999.00	\$2,999.00

Annual Dues \$ _____

PAYMENT INFORMATION

(Payment must accompany application)

☐ Check payable to FGA enclosed Credit card: ☐ AMEX ☐ VISA ☐ MASTERCARD

Authorization for: ☐ This payment only ☐ Continuous Payment

Card Number: _____ Exp. Date: _____ Security Code*: _____

*The credit card security code is located on the credit card. (Visa or MasterCard: 3-digit number located on the back. AMEX: 4-digit number located on the front)

Cardholder Name: _____ Billing Zip Code: _____

Cardholder Signature: _____ Title: _____

P (407) 240-8009 | F (407) 240-8333 | FloridaGraphics.org
info@FloridaGraphics.org | IG @floridagraphicsalliance



Florida
Graphics
AllianceTM

COMPANY DESCRIPTION

KEY COMPANY PERSONNEL

Please fill out the contact information completely.

PRESIDENT / CEO / COO

NAME

TITLE

EMAIL

PHONE

FAX

PRODUCTION / PLANT MANAGER

NAME

TITLE

EMAIL

PHONE

FAX

HUMAN RESOURCES MANAGER

NAME

TITLE

EMAIL

PHONE

FAX

ACCOUNTING CFO / CONTROLLER

NAME

TITLE

EMAIL

PHONE

FAX

SALES / MARKETING MANAGER

NAME

TITLE

EMAIL

PHONE

FAX

OTHER MANAGER / OFFICER

NAME

TITLE

EMAIL

PHONE

FAX