

# 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: \_\_\_\_\_



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## COMPANY DESCRIPTION

### KEY COMPANY PERSONNEL

Please fill out the contact information completely.

#### PRESIDENT / CEO / COO

NAME  
TITLE  
EMAIL  
PHONE  
FAX

#### ACCOUNTING CFO / CONTROLLER

NAME  
TITLE  
EMAIL  
PHONE  
FAX

#### PRODUCTION / PLANT MANAGER

NAME  
TITLE  
EMAIL  
PHONE  
FAX

#### SALES / MARKETING MANAGER

NAME  
TITLE  
EMAIL  
PHONE  
FAX

#### HUMAN RESOURCES MANAGER

NAME  
TITLE  
EMAIL  
PHONE  
FAX

#### OTHER MANAGER / OFFICER

NAME  
TITLE  
EMAIL  
PHONE  
FAX