



# Print Communications Professionals International, Inc. Membership Application

## Membership Types

- Individual Professional Membership - \$279 Annual fee**  
Single memberships available for communications professionals, marketers, print buyers, designers, purchasing agents, marketing folks, directors, managers and others at companies that buy printing services.
- Corporate Membership - \$1,000 Annual fee (includes 5 individual memberships; \$175 each additional member)**  
Corporate memberships available for communications professionals, marketers, print buyers, designers, purchasing agents, marketing folks, directors, managers and others at companies that buy printing services.
- Individual Associate Membership - \$279 Annual fee**  
Single memberships available for printers, suppliers, sales representatives, customer service representatives, brokers, industry consultants, printing industry associations, industry publishing, editorial and press companies, print management companies, and all others.
- Associate Sponsor Membership - \$1,200 Annual fee (includes 2 individual memberships; \$175 each additional member)**  
Sponsor members include printers, suppliers, sales representatives, customer service representatives, brokers, industry consultants, printing industry associations, industry publishing, editorial and press companies, print management companies, and all others.

Please check the appropriate boxes below to help determine your membership type:

**1. How best would you describe your company's business?**

- Advertising agency
- Association or Not-For-Profit
- Corporation
- Direct Marketing
- Educational institution
- Financial
- Graphic Design Firm
- Healthcare
- Publishing
- Retail
- Printing
- Mailing
- Data Processing
- Broker
- Supplier (paper, ink, equipment manufacturer, etc.)
- Other: \_\_\_\_\_

**2. How would you describe your position?**

- Print buyer/print production professional
- Graphic designer
- Manager of print buying department
- Owner
- Manager of print sales
- Marketing (within company that buys print)
- Sales representative
- Other: \_\_\_\_\_

**3. Does your company primarily sell printing, print services, equipment, etc.?**

- Yes
- No

**Key Contact or Individual Professional:** This individual will receive our PCPI member mailings for each of the corporate/associate members listed and will have the ability to edit, remove and/or specify replacement members within their organization.

Key Contact Name\* (please print or type)

Title\*

Company Name\*

Street Address\*

City, State, Zip, Country\*

Phone\*

Fax

Email\*

Website\*

**\*REQUIRED**

## Member Information

### Corporate Memberships; 5 individual memberships including Key Contact

2.

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Name\*

Title\*

Email\*

3.

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Name\*

Title\*

Email\*

4.

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Name\*

Title\*

Email\*

5.

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Name\*

Title\*

Email\*

### Additional Corporate Memberships; \$175 each

1.

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Name\*

Title\*

Email\*

2.

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Name\*

Title\*

Email\*

3.

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Name\*

Title\*

Email\*

### Associate Sponsor Memberships; 2 individual memberships including Key Contact

2.

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Name\*

Title\*

Email\*

### Additional Associate Sponsor Memberships; \$175 each

1.

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Name\*

Title\*

Email\*

2.

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Name\*

Title\*

Email\*

3.

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Name\*

Title\*

Email\*

**\*REQUIRED**

## Payment Information

### PCPI Annual Membership Fees:

- Individual Professional Membership - \$279 Annual fee
- Corporate Membership - \$1,000 Annual fee (includes 5 individual memberships)
- Individual Associate Membership - \$279 Annual fee
- Associate Sponsor Membership - \$1,200 Annual fee (includes 2 individual memberships)

### Summary:

Membership fee amount: \_\_\_\_\_

Additional memberships @ \$175 each: \_\_\_\_\_

Promotional credit: \_\_\_\_\_ (Enter promotional code: \_\_\_\_\_ )

**Total Enclosed:** \_\_\_\_\_

Make check payable to PCPI in US Dollars.

Credit Card Payments:  American Express  MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(mm/yyyy)

Cardholder's Name: \_\_\_\_\_ Credit Card Security Code: \_\_\_\_\_  
As it appears on the credit card

Signature: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip, Country

For questions or additional information, please contact:

Kimberlee Sautter, Membership Director  
[ksautter@pcpi.org](mailto:ksautter@pcpi.org) or call: (703) 534-9379



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2100 N. Potomac Street, Arlington, VA 22205  
Tel: (703) 534-9379 Fax: (703) 534-1858  
Email: [membersolutions@pcpi.org](mailto:membersolutions@pcpi.org) Website: [www.pcpi.org](http://www.pcpi.org)