



PO Box 819, Westerville, OH 43086
888.576.1971 | www.graphicmedia.org

APPLICATION FOR MEMBERSHIP

Graphic Media Alliance serves commercial printing companies and suppliers to the industry in its service area. The Association provides a broad range of products and services to its membership, including workers' compensation, energy plans and product discounts. Graphic Media Alliance is part of a national affiliation of more than 3,000 industry members working with 15-20 industry associations to actively provide the most accurate and up-to-date technical, environmental, and business related services available in the graphic/printing industries. For complete information on Graphic Media Alliance, please visit www.graphicmedia.org.

Application is hereby made for membership in Graphic Media Alliance. We agree to cooperate with the Association to help further its objectives and abide by its Constitution and By-laws and to pay dues at the rate established by its Board of Directors. Please fill out both sides of this application. Thank you!

COMPANY & KEY CONTACT INFORMATION

Company Name _____ DBA Name _____

Pfx _____ First Name _____ Last Name _____

Title _____ Email _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Toll-Free _____

Ext/Direct _____ FAX _____

Cell Phone _____ Website _____

Do you have an alternate billing address?

Billing Address _____

City _____ County _____ State _____ Zip _____

of Employees _____ Full-Time: _____ Part-Time: _____ Union: _____

Are you currently doing business in Ohio or expect to in the next 12 months? yes no

THIS MEMBERSHIP IS FOR A PERIOD OF ONE YEAR, AND IS AUTOMATICALLY RENEWED UNLESS WRITTEN NOTICE IS GIVEN 30 DAYS PRIOR TO THE ANNUAL RENEWAL DATE.

Signature: _____ Date: _____

DUES CLASSIFICATION

Please select the Dues Classification that fits your company best. If you have any questions, contact the Association at 888-576-1971.

Active Membership

Companies that are directly involved in any aspect of the printing industry. Includes print brokers, bindery, litho, flexo, gravure printing, screen printing, engraving, thermography, laser printing, letterpress and digital.

Active membership is based on annual sales volume. Use the chart below to determine your monthly or annual dues.

Annual Sales Volume	Monthly Dues	Annual Dues
Under \$300,000	\$25	\$300
\$300,001 - \$350,000	\$30	\$360
\$350,001 - \$400,000	\$35	\$420
\$400,001 - \$450,000	\$40	\$480
\$450,001 - \$500,000	\$45	\$540
\$500,001 - \$550,000	\$50	\$600
\$550,001 - \$600,000	\$55	\$660
\$600,001 - \$650,000	\$60	\$720
\$650,001 - \$700,000	\$65	\$780
\$700,001 - \$750,000	\$70	\$840
\$750,001 - \$800,000	\$75	\$900
\$800,001 - \$850,000	\$80	\$960
\$850,001 - \$900,000	\$85	\$1,020
\$900,001 - \$950,000	\$90	\$1,080
\$950,001 - \$1,000,000	\$95	\$1,140
\$1,000,001 - \$1,500,000	\$105	\$1,260
\$1,500,001 - \$2,000,000	\$115	\$1,380
\$2,000,001 - \$2,500,000	\$125	\$1,500
\$2,500,001 - \$3,000,000	\$135	\$1,620
\$3,000,001 - \$3,500,000	\$145	\$1,740
\$3,500,001 - \$4,000,000	\$160	\$1,920
\$4,000,001 - \$5,000,000	\$185	\$2,220
\$5,000,001 - \$6,000,000	\$195	\$2,340
\$6,000,001 - \$7,000,000	\$210	\$2,520
\$7,000,001 - \$8,000,000	\$230	\$2,760
\$8,000,001 - \$9,000,000	\$260	\$3,120
\$9,000,001 - \$10,000,000	\$280	\$3,360
\$10,000,001 - \$11,000,000	\$300	\$3,600
\$11,000,001 - \$13,000,000	\$315	\$3,780
\$13,000,001 - \$15,000,000	\$340	\$4,080
\$15,000,001 - \$17,000,000	\$365	\$4,380
\$17,000,001 and over	\$390	\$4,680

In-Plant Membership

Wholly-owned and operated by a company not directly involved in the graphic arts industry.

Monthly Dues	Annual Dues
\$50	\$600

Associate Membership

Those companies that provide products, materials or services to active members.

Monthly Dues	Annual Dues
\$50	\$600

Print Educator Membership

Annual Dues
\$100

Dues payments to the Association and related organizations are not tax deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses.

PAYMENT INFORMATION

Dues according to schedule \$ _____ per _____

Please bill us: Annually Quarterly Monthly

Authorization for Credit Card: Visa Mastercard Amex

Card # _____

Expiration Date _____

Authorized Signature _____

Today's Date _____

ADDITIONAL CONTACT INFORMATION

Name _____

Title _____

Email _____

Phone/Ext _____

Name _____

Title _____

Email _____

Phone/Ext _____



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