

(PLEASE TYPE OR PRINT)

**Primary Products or Services:**

- Consultant specializing in \_\_\_\_\_
- Recruiting / Placement
- Leasing / Financial Services
- Other \_\_\_\_\_

**BRIEF DESCRIPTION OF YOUR BUSINESS (25 Words):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Company Information:**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Street Address: (If Different)** \_\_\_\_\_

**City:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Toll Free:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Communications Preference:**     Phone     Fax     E-mail     Mail

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Ext.:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone Ext.:** \_\_\_\_\_

**Confidential Information** should be sent to:     **Primary Contact**     **Secondary Contact**

**Demographics:** The following information is essential for PICA and PIA to report to the government the current employment and economic impact of the Carolinas' printing industry. This confidential information is used solely in industry statistical reports.

**Full Time Employees:** \_\_\_\_\_ **Part Time Employees:** \_\_\_\_\_ **Annual Sales:** \_\_\_\_\_

**Parent Company** (if applicable): \_\_\_\_\_

**Additional Senior Management Names & Email Addresses for Our Mailing List:**

CEO or Owner(s) name – if not already listed as Key Contact: \_\_\_\_\_

**Please list your top three business concerns:**

**Reason(s) for joining PICA**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



# CONSULTANT MEMBER DUES INVESTMENT CHART

Consultant Member dues are based on *annual sales within the Carolinas* for the preceding fiscal year.

MEMBERSHIP CLASS	RANGE SALES VOLUME	MONTHLY DUES RATE	ANNUAL DUES RATE
A	Up to \$250,000	<b>\$26.50</b>	<b>\$318</b>
B	\$250,001 to \$500,000	<b>\$48.00</b>	<b>\$576</b>
C	\$500,001 to \$1,000,000	<b>\$80.50</b>	<b>\$966</b>
D	\$1,000,001 – \$10,000,00	<b>\$128.50</b>	<b>\$1,542</b>
E	\$10,000,001 - \$50,000,00	<b>\$145.00</b>	<b>\$1,740</b>
F	\$50,000,001 - Up	<b>\$161.00</b>	<b>\$1,932</b>

Please list on the enclosed sheet all multiple locations to be include. For each location please add \$10.00 per month to your monthly dues rate.

Financial information provided to PICA is held in strict confidence and is not shared with any third party.

PICA membership also includes PIA. Each month, PICA pays dues on your behalf to the national association. Please complete the following to calculate your PICA monthly dues:

Our most recent fiscal year-end sales were \$ \_\_\_\_\_. Based on the chart above, our membership classification is Class # \_\_\_\_\_.

	Monthly	Annual
Monthly Dues for our Membership Class:	\$ _____	\$ _____
_____ Additional Locations @ \$10.00 each:	\$ _____	\$ _____
<b>Total Dues:</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Method of Payment Options:

Please select your payment option & frequency for the PICA fiscal year (July 1 through June 30).

#### Payment Options:

- \_\_\_\_\_ Credit Card [authorization form attached must be completed & returned.]
- \_\_\_\_\_ Direct Deposit [please contact PICA for details.]

#### Frequency:

- \_\_\_\_\_ Annual
- \_\_\_\_\_ Quarterly
- \_\_\_\_\_ Monthly

**By signing this form, I understand by providing the fax number and email addresses on page 1, permission is granted to PICA, The PICA Foundation and PIA to send faxes and emails to our company. Also, membership will remain in effect until terminated, in writing, by either party.**

\_\_\_\_\_  
Authorized by (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\$25.00 of annual dues goes to the by-monthly publication of the PICA Scanner.  
Contributions or gifts to PICA are not deductible as charitable contributions for federal income tax purposes.  
The majority of membership dues, however, may be deducted as ordinary and necessary business expense.*

# CREDIT CARD AUTHORIZATION FOR PICA DUES

The Printing Industry of the Carolinas, Inc. (PICA)  
PO Box 19488, Charlotte, NC 28219-9488  
(704) 357-1150 or (800) 849-7422 Fax (704) 357-1154

For: \_\_\_\_\_  
**Company Name** **City, State** **Date**

In accordance with the Payment Card Industry Data Security Standards (PCI DSS), we are providing this form to members wishing to pay their dues using a credit card. Please complete this form and return to PICA with the membership application.

### **Instructions**

1. Complete the form by typing or printing legibly with a dark pen.
2. Include all billing information in the blanks below.
3. Include credit card holder's signature below.
4. Complete all information below and fax or mail to PICA (address and fax listed above).

I, \_\_\_\_\_, hereby authorize **PICA** to charge my credit card account for membership dues according to the membership agreement attached.

**Type of Card:** \_\_\_\_\_ American Express \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code (last three digits on the number on the back of the card)

\_\_\_\_\_

### **Credit Card Billing Address:**

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete and fax all documents required to: 704-357-1154**

***PICA ASSOCIATE MEMBER BRANCH LOCATIONS***

*(Please add \$10.00 per month for each location to your monthly dues.)*

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 9-Digit Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

E-mail address: \_\_\_\_\_