

# IN-PLANT MEMBERSHIP APPLICATION

For companies or government agencies with in-house operations that print exclusively for the company or agency of record.

(PLEASE TYPE OR PRINT)

**Primary Capabilities:** (Check All That Apply)

- Bindery/Finishing     Digital Printing     Heatset Web Offset     Non-Heatset Web Offset     Flexo  
 Screen Printing     Sheetfed Offset     Gravure     Quick Printing     Other \_\_\_\_\_

**Company Information:** (Please photocopy this page if you have more than one location in the Carolinas)

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

**Mailing Address:**

**Street Address: (If Different)**

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

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

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

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

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

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

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Toll Free:** \_\_\_\_\_

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

**County:** \_\_\_\_\_

**Demographics:** The following information is essential for PICA and PIA/GATF 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. As an In Plant printer your information should reflect printing production only.

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

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

**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

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

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

<b><u>Department Contact:</u></b>	<b><u>Phone Extension</u></b>	<b><u>E-Mail Address</u></b>
Pre-Press: _____	_____	_____
Pressroom: _____	_____	_____
Post-Press: _____	_____	_____
Customer Service: _____	_____	_____
Sales: _____	_____	_____
Financial: _____	_____	_____
Human Resources: _____	_____	_____
OSHA/EPA: _____	_____	_____
Other: _____	_____	_____

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

**Reason(s) for joining PICA**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

# IN-PLANT MEMBER DUES INVESTMENT CHART

In-Plant Member Dues are based on the number of full-time employees involved in the *production and distribution* of printed materials within the Carolinas.

MEMBERSHIP CLASS	PRINTING PRODUCTION EMPLOYEES	MONTHLY DUES	MEMBERSHIP CLASS	PRINTING PRODUCTION EMPLOYEES	MONTHLY DUES
A	1 to 2	\$20.50	E	25 to 49	\$59.00
B	3 to 5	\$29.50	F	50 to 99	\$69.50
C	6 to 9	\$40.00	G	100 to 249	\$80.50
D	10 to 24	\$50.00	H	250 or More	\$91.00

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

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

Based on our current number of full-time printing production employees of \_\_\_\_\_, our Membership Class (see chart above) will be \_\_\_\_\_ with monthly dues of \$\_\_\_\_\_.

**Method of Payment Options:**

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

**Payment Options:**

- \_\_\_\_\_ Invoice
- \_\_\_\_\_ 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/GATF 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**