



EMA ■ INTERNATIONAL AFFILIATE MEMBERSHIP APPLICATION

DATE: _____

I hereby apply for membership as an International Affiliate in the Envelope Manufacturers Association on behalf of :

NAME OF COMPANY _____

Signature _____

(PLEASE PRINT THE FOLLOWING INFORMATION)

NAME _____ TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL _____ WEB ADDRESS _____

Sales Equivalent Range

Less than \$6 Million\$1,150 per year

\$6 Million to \$12 Million\$2,200 per year

\$12.1 Million to \$36 Million\$3,200 per year

\$36.1 Million to \$60 Million\$4,200 per year

\$60.1 Million and Higher.....\$5,125 per year

Card Type/Credit Card Number _____/_____ Exp. Date _____ CSC _____

Name on Card _____ Signature _____

Please return completed application and payment to Envelope Manufacturers Association
500 Montgomery Street, suite 550 ♦ Alexandria, VA 22314-1565
Phone: +1 (703) 739-2200 ♦ Fax: +1 (703) 739-2209 ♦ www.envelope.org