



**EMA ♦ MARKET INTERMEDIARY APPLICATION**

DATE: \_\_\_\_\_

**I hereby apply for membership as a Market Intermediary in the EMA 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 \$5 Million.....\$2,500 per year
- \$5 Million to \$10 Million.....\$3,000 per year
- \$10.1 Million to \$20 Million.....\$4,000 per year
- \$20.1 Million to \$50 Million.....\$5,000 per year
- \$50.1 Million and Higher.....\$6,500 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](http://www.envelope.org)