

EMA/GEO ■ 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 \$1 Million\$750 per year
- \$1 Million to \$6 Million\$1,000 per year
- \$6 Million to \$12 Million\$2,000 per year
- \$12.1 Million to \$36 Million\$3,000 per year
- \$36.1 Million and Higher.....\$4,000 per year

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

Name on Card _____ Signature _____

Please return completed application and payment to EMA
700 South Washington Street, Suite 260 ♦ Alexandria, VA 22314-4252
Phone: +1 (703) 739-2200 ♦ Fax: +1 (703) 739-2209 ♦ www.envelope.org