



**Associate/Partner Member Application**

Date

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I hereby apply for Associate/Partner membership in the EMA on behalf of

Name of Company

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And certify that the above company is engaged in the supply of a product or service to a minimum of two EMA members (envelope manufacturers). It is agreed that the aforesaid company will pay such dues and assessments, and at such rates, as may be equitably fixed from time to time in accordance with the constitution and bylaws of the association (see note below). The applicant company further pledges to conform and abide by the constitution and bylaws of the association.

Signature

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Please print the following information.

Name Of Company Contact

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Title

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Company

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Address

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City

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State

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Zip Code

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Telephone

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Fax

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Email

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Website

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**Associate/Partner Membership Dues**

Please indicate your company category (and annual sales range, if requested), this information will be used to determine your company's annual dues.

Please Check One Option Below:

	<b>Company Category</b>	<b>Proposed Dues</b>
	Paper Manufacturer <i>Sales Range: Up to \$100 Million</i>	\$5,000
	Paper Manufacturer <i>Sales Range: Over \$100 Million</i>	\$15,000
	Paper Manufacturer <i>Sales Range: Over \$150 Million</i>	\$20,000
	Paper Manufacturer <i>Sales Range: Over \$200 Million</i>	\$25,000
	Components, Hardware, Software & Services: <i>Suppliers to envelope manufacturers, including providers of materials, machinery, technology, and specialized services (e.g., window film, ink, adhesives, die cutting, machinery, and software)</i>	\$6,500
	Partner	\$3,500

**Please return the completed application. Once accepted, EMA will process the application and send an invoice to the email address indicated above.**

**By Mail:**

700 South Washington Street, Suite 260

Alexandria, VA

22314-1565

**By Email:** Kim Moses at [kmoses@envelope.org](mailto:kmoses@envelope.org)

Thank you and welcome to the EMA!

