

## Membership Benefits

FREE Admission to GCPPA Trade Shows  
Power Meetings With Suppliers  
Exclusive ZOOMcatalog Coupon Book  
FREE Professional Development  
FLIPP Social Events  
SAGE Discounts  
Supplier Discounts  
Business Services Discounts  
FREE Admission to Orlando ASI Show  
FREE Admission to Las Vegas PPAI Show  
And much, much more!



[gcppa.org](http://gcppa.org)



**Join Us!**

**WE MEAN  
BUSINESS!**

[gcppa.org](http://gcppa.org)

# 2019 GCPPA Membership Application

Company			
Name			
Address			
City	State	Zip	
Phone	Email		
Cell # for Text and/or Phone Announcements and Reminders			
Date Established	Website		
ASI#	PPAI#	UPIC#	SAGE#
Membership Category <input type="radio"/> Distributor <input type="radio"/> Supplier <input type="radio"/> Multi-Line Rep <input type="radio"/> Service Provider			
Membership Requirements <ul style="list-style-type: none"> <li>Established for at least one year</li> <li>Doing business with five (5) industry Distributors or Suppliers</li> <li>If not a member of PPAI or a subscriber to ASI, you must supply 5 invoices (can't be sample or self promotion invoices) from Distributors or Suppliers with whom you do business</li> </ul>			
Annual Membership Dues Distributors please check the appropriate amount based on number of staff members.			
Distributor Dues <input type="radio"/> \$95 1-3 Sales Staff <input type="radio"/> \$145 4-10 Sales Staff <input type="radio"/> \$200 11+ Sales Staff			
Suppliers, Multi-Line Reps, Service Provider Dues <input type="radio"/> \$150			
<b>Please include payment in full along with your completed Membership Application</b>			
Credit Card Payment <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express			
Payment by Check	Check#	Date	Amount
Name on Card			
Card Number	Security Code: Expiration Date		
Card Billing Address			
Authorized Signature			
Name of Person to Receive Association Dues Notice			

Please Provide Your Staff's Email Addresses to Receive GCPPA News, Announcements and Event Invites	
Name	Email
If Applicable, Name of Current or Former GCPPA Member Who Invited You to Join	
Name	Company
Phone	Email
What do You Hope to Gain From Your Membership with GCPPA?	
<input type="radio"/> Networking Opportunities <input type="radio"/> Education <input type="radio"/> Volunteerism <input type="radio"/> Trade Shows <input type="radio"/> Member Benefits <input type="radio"/> Board Service <input type="radio"/> Other _____	
How Would You Like to be Involved with GCPPA?	
<input type="radio"/> Trade Shows <input type="radio"/> Membership <input type="radio"/> Social Networking <input type="radio"/> Education <input type="radio"/> Social Media <input type="radio"/> Holiday Party <input type="radio"/> Website <input type="radio"/> Charitable Club	
I hereby apply for membership in the Gold Coast Promotional Products Association (GCPPA) and agree to be governed by its constitution and by laws and other such regulations as may be properly adopted by the Board of Directors. I authorize GCPPA to verify the enclosed information.	
By	Title



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