



**MEMBERSHIP APPLICATION** (Corporate Partners, complete reverse side as well)

Name: .....

Company: .....

Address: .....

City/State/Zip: .....

E-mail: .....

Phone/Fax: .....

Website URL: .....

**Check the one best description of your position:**

- Corporate Management
- Creative
- Distribution
- Educator
- Postpress/Bindery
- Prepress/File Preparation
- Print Management
- Printing/Digital Imaging
- Sales/Marketing
- Student
- Other.....

**Check all of the programs/activities that are of interest to you:**

- Communications/Marketing
- Environmental/Safety
- Membership
- Prepress/Digital Imaging
- Production Technologies (Printing & Bindery)
- Scholarships/Fundraising
- Training/Workforce Development
- Other: .....

**Membership**

- Individual membership (\$25)  Corporate Partnership (\$300)
- Check enclosed (Make payable to Graphic Communications Alliance)
- Charge card:  VISA  MasterCard

Cardholder's name: .....

Card number: .....Exp: ...../.....

Zip (from credit card statement): .....

Signature: ..... Date: ...../...../.....

Please mail or fax payment  
and application to:

**Bev Block c/o Central Michigan Papers**  
6194 E. Fulton Rd.  
Ada, Michigan 49301  
FAX: 616.676.9859



**CORPORATE PARTNERS**

**Who from your firm should hear about The Alliance?**

Please complete for each employee, making as many copies as you need.

Name: .....

E-mail: .....

**Check the one best description of person's position:**

- Corporate Management
- Creative
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- Educator
- Postpress/Bindery
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- Student
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Name: .....

E-mail: .....

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