



Printing & Imaging
Association of Georgia

J O I N • P A R T I C I P A T E • S U C C E E D

Membership Application

PIAG Membership Application

Printing&Imaging
Association of Georgia

COMPANY INFORMATION

Company Name: _____ Year Established: _____
Company CEO: _____ CEO's Email: _____
Address: _____
City/State: _____ Zip Code: _____
Phone: _____ Fax: _____
Web Address: _____

PIAG has permission to communicate with my company via mail, fax, and email: yes no

KEY CONTACTS

These individuals will be the primary contacts between PIAG and your company. Please inform PIAG if these people change.

Main Contact: _____ Email Address: _____
Secondary Contact: _____ Email Address: _____

MEMBERSHIP TYPE

Membership classifications are defined on the reverse. Dues are based on annual sales volume as shown on reverse.

Printer Membership Affiliate Membership Associate Membership Education Membership

COMPANY PROFILE *(confidential)*

Annual Georgia sales volume* \$ _____

**total sales generated from your Georgia facility(ies) in 2008*

Check preferred billing cycle:

monthly

quarterly

annually

Total number of employees: _____

PIAG monthly dues \$ _____

METHOD OF PAYMENT *(confidential)*

We request a minimum of three months dues with application. Check and Credit Card options are available.

Please check one: Check Visa AMEX Mastercard

Credit Card Number: _____

Billing Address *(if different from above)*: _____

Authorizing Signature: _____ Expiration Date: _____

Name on Card: _____ Total \$: _____

Signature: _____ Date: _____

COMPANY DESCRIPTION

Please provide us with a company description to be used in PIAG's annual Print & Imaging Buyers Guide and other PIAG member promotions. This description should briefly inform others of the available services, capabilities and specialties of your business, along with any additional information about your company.

COMPANY CONTACT INFORMATION

In order for PIAG to communicate with the appropriate parties, please provide the names of the people in the following positions.

Marketing Manager: _____ Email: _____

Sales Manager: _____ Email: _____

CFO/Financial Manager: _____ Email: _____

Prepress Manager: _____ Email: _____

Human Resources Manager: _____ Email: _____

Production/Plant Manager: _____ Email: _____

OTHER CONTACT INFORMATION

Please provide us with the names of the people who will serve as key contacts for these PIAG programs.

Competitions: _____ Email: _____
(Print Excellence Competition)

Advertising/Sponsorship Opportunities: _____ Email: _____
(Print & Imaging Buyers Guide, Georgia Printer magazine, Celebration of Print Gala)

Government Affairs: _____ Email: _____

Credit & Collections: _____ Email: _____

Insurance Services: _____ Email: _____

INSURANCE INFORMATION

Please provide us with the names of your current insurance providers.

Business Insurance Provider: _____ Renewal Date: _____

Health Insurance Provider: _____ Renewal Date: _____



Please send your completed membership application and first three months dues investment to:
Printing & Imaging Association of Georgia | 5020 Highlands Parkway | Smyrna, GA 30082 Fax to: 770.433.3062 or 800.330.7491
This application is for annual membership. Should your firm desire to cancel membership, PIAG requires a 90-day written notice.

PIAG Member Classifications

Metro Printer Members

Those members located in the 16 county metro Atlanta area*, including in-plant operations, whose primary business is production of printed products.

**Bartow, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Paulding and Rockdale*

State Printer Members

Those members located within the state of Georgia, but outside the 16 county Atlanta area, including in-plant operations, whose primary business is production of printed products.

Affiliate Members

Those members that work with printers to produce one or more elements of the printing production process. Press cannot represent more than 50% of production. Examples: design, prepress, bindery, print finishing, fulfillment, mailing, print brokers, etc.

Associate Members

Those members that sell a product or service to printers and affiliates. Examples: paper providers, ink providers, equipment dealers and manufacturers, printing supplies dealers, consultants, banks or other financial institutions, etc.

Education Members

Graphic arts programs of high schools, vocational schools, colleges or universities

PIAG Dues Investment

STATE PRINTER

Annual Sales Volume	Monthly Dues (\$)
\$001 - 100,000	13.00
100,001 - 130,000	15.00
130,001 - 165,000	17.25
165,001 - 200,000	19.50
200,001 - 250,000	25.00
250,001 - 300,000	29.00
300,001 - 350,000	33.75
350,001 - 400,000	39.00
400,001 - 450,000	43.00
450,001 - 500,000	49.00
500,001 - 600,000	56.00
600,001 - 700,000	60.50
700,001 - 800,000	66.00
800,001 - 1,000,000	71.75
1,000,001 - 1,500,000	103.00
1,500,001 - 2,000,000	112.50
2,000,001 - 2,500,000	122.25
2,500,001 - 3,000,000	132.00
3,000,001 - 4,000,000	154.00
4,000,001 - 5,000,000	161.25
5,000,001 - 7,500,000	175.25
7,500,001 - 10,000,000	184.00
10,000,001 - 25,000,000	220.75
25,000,001 - 40,000,000	276.25
40,000,000 +	331.25

EDUCATION MEMBER

Complimentary

METRO PRINTER

Annual Sales Volume	Monthly Dues (\$)
\$001 - 200,000	20.00
200,001 - 250,000	30.00
250,001 - 300,000	50.00
300,001 - 350,000	70.00
350,001 - 400,000	90.00
400,001 - 450,000	110.00
450,001 - 500,000	130.00
500,001 - 600,000	152.00
600,001 - 700,000	165.00
700,001 - 800,000	179.00
800,001 - 1,000,000	193.00
1,000,001 - 1,500,000	250.00
1,500,001 - 2,000,000	275.00
2,000,001 - 2,500,000	300.00
2,500,001 - 3,000,000	323.00
3,000,001 - 4,000,000	376.00
4,000,001 - 5,000,000	395.00
5,000,001 - 7,500,000	428.00
7,500,001 - 10,000,000	450.00
10,000,001 - 25,000,000	540.00
25,000,001 - 40,000,000	675.00
40,000,001 +	810.00

AFFILIATE & ASSOCIATE

Annual Sales Volume	Monthly Dues (\$)
\$001 - 250,000	40.00
250,001 - 500,000	75.00
500,001 - 1,000,000	125.00
1,000,001 - 5,000,000	150.00
5,000,001 +	175.00