

# MEMBERSHIP APPLICATION/RENEWAL FORM



I hereby make application for membership/renewal in the Metro New York Printing Ink Association. If approved, I will abide by the Association Constitution; support its objectives and Code of Ethics; and pay dues in the established membership category.

## Primary Member for MNYPIA Communications:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Year Established \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Additional Members: (please use second sheet provided for additional members, if necessary)

Name \_\_\_\_\_ Company Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Company Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

**Dues for 2011** – (Check One)    **Application Type** (NEW APPLICATION or RENEWAL) \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Corporate Regular Member (CRM)               | \$275.00 (Ink Maker – Up to 15 people)     |
| <input type="checkbox"/> Corporate Technical Associate Member (CTAM)  | \$275.00 (Non-Ink maker - Up to 15 people) |
| <input type="checkbox"/> Individual Regular Member (IRM)              | \$125.00 (Ink Maker – 1 person)            |
| <input type="checkbox"/> Individual Technical Associate Member (ITAM) | \$125.00 (Non-Ink maker – 1 person)        |
| <input type="checkbox"/> Corporate Affiliate Member (CAM)             | \$175.00 (Press – 3 people)                |
| <input type="checkbox"/> Senior-Regular or Senior TAM (SR or STAM)    | \$35.00 (Retiree – 1 person)               |

I would like to get more involved with the MNYPIA. Please contact me.

**PLEASE RETURN THIS APPLICATION WITH YOUR PAYMENT...**

Check Enclosed

Card # \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

\*Charge my    Visa    American Express    MasterCard  
Check Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

**\*Credit card usage incurs an additional 4% charge.**

## Mail or FAX The Completed Form With Payment To:

MNYPIA  
c/o NAPIM  
581 Main Street  
Woodbridge, NJ 07095  
TEL: 732-855-1525 • FAX: 732-855-1838

## Officers and Telephone Numbers:

**President:** John Rutledge (201)-478-5707  
**1st Vice President:** Dan Shevkun (201)-478-5638  
**Membership:** Tony Mauriello (908)-272-4382  
**Secretary:** Bill Teto (201)-261-5449  
**Treasurer:** Tony Mauriello (908)-272-4382



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