



# Membership Application

MAIL OR FAX COMPLETED FORM TO:  
EDPA, Kimberly Wilson  
10 Norden Place  
Norwalk, CT 06855, USA  
Phone 203.852.5698, Fax 203.286.1409  
kwilson@edpa.com  
www.edpa.com

<input type="checkbox"/> <b>Regular Membership (Please check one below)</b> <input type="checkbox"/> Exhibit Designer/Producer <input type="checkbox"/> Event Designer/Producer <input type="checkbox"/> Portable Modular Distributor <input type="checkbox"/> Systems Marketers and Manufacturers <input type="checkbox"/> Show Service Contractors <input type="checkbox"/> Suppliers <input type="checkbox"/> Transportation Providers for domestic and international Firms	<input type="checkbox"/> <b>Associate Membership</b> Government agencies, educators, convention centers.  <input type="checkbox"/> <b>Student Membership</b> All students interested in the exhibition industry as a career and not currently employed by a company in a category listed.  <input type="checkbox"/> <b>Independent Designer</b> Designer not associated with an exhibit house.
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### YOUR COMPANY INFORMATION (PLEASE PRINT)

COMPANY NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTRY:
PHONE:	TOLL FREE:	FAX:	TOLL FREE:
GENERAL EMAIL:		WEB SITE ADDRESS:	

Please enter your contacts below. **PLEASE CHOOSE A DIFFERENT PERSON FOR EACH CONTACT TYPE. BC & OC ARE REQUIRED.**

BILLING CONTACT (BC) NAME: <small>(RECEIVES DUES INVOICES AND OTHER CORRESPONDENCE)</small>	
BC TITLE:	BC EMAIL:
OFFICIAL CONTACT (OC) NAME: <small>(ONE VOTING MEMBER, RECEIVES ALL OFFICIAL EDPA COMMUNICATION)</small>	
OC TITLE:	OC EMAIL:
SALES CONTACT (SC) NAME: <small>(RECEIVES NEWSLETTERS AND OTHER MAILINGS)</small>	
SC TITLE:	SC EMAIL:
DESIGN CONTACT (DC) NAME:	
DC TITLE:	DC EMAIL:
EMERGENCY CONTACT (EC) NAME: <small>(For Show-related emergencies)</small>	
EC TITLE:	EC EMAIL:

### Regional BRANCH INFORMATION

Annual Dues for each member company Regional Branch is \$200. A qualified branch is defined as a wholly owned operation of the regular EDPA member.  
**Please list each Regional Branch on a separate application. Each Regional Branch is afforded three contacts; Billing, Official, and Regional Branch Sales**

REGIONAL BRANCH COMPANY NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	COUNTRY:
PHONE:	FAX:		
EMAIL:	WEB SITE:		
OFFICIAL CONTACT (OC) NAME: <small>(RECEIVES ALL OFFICIAL EDPA COMMUNICATION)</small>			
OC TITLE:	OC EMAIL:		

**DEMOGRAPHIC INFORMATION (CONFIDENTIAL, NEEDED FOR DUES ASSESSMENT)**

Total Personnel: \_\_\_\_\_ Number of Staff Designers: \_\_\_\_\_ Number of Sales People: \_\_\_\_\_

Annual Sales Revenue: \$ \_\_\_\_\_ How did you hear about EDPA? \_\_\_\_\_

For Transportation Agents; please name the company you represent: \_\_\_\_\_

**PLEASE CHECK YOUR SERVICES OFFERED**

Please select **only your top three** new products/services from this list:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Air Freight       | <input type="checkbox"/> Fabric Exhibits           | <input type="checkbox"/> Logistics Management  | <input type="checkbox"/> Systems Distributor  |
| <input type="checkbox"/> Audio Visual      | <input type="checkbox"/> Fabrics                   | <input type="checkbox"/> Marketing Services    | <input type="checkbox"/> Systems Manufacturer |
| <input type="checkbox"/> Carpet            | <input type="checkbox"/> Full Service              | <input type="checkbox"/> Museums               | <input type="checkbox"/> Systems Marketer     |
| <input type="checkbox"/> Common Carrier    | <input type="checkbox"/> General Contractor        | <input type="checkbox"/> Portable Modular      | <input type="checkbox"/> Van Line             |
| <input type="checkbox"/> Convention Center | <input type="checkbox"/> Graphics                  | <input type="checkbox"/> Distributor           | <input type="checkbox"/> Warehousing          |
| <input type="checkbox"/> Custom Exhibit    | <input type="checkbox"/> Hardware/Const. Materials | <input type="checkbox"/> Portable Manufacturer | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Designer          | <input type="checkbox"/> Installation/Dismantling  | <input type="checkbox"/> Publisher             | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Designer/Producer | <input type="checkbox"/> Insurance                 | <input type="checkbox"/> Rentals               | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Educator          | <input type="checkbox"/> International Logistics   | <input type="checkbox"/> Show Furniture        | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Event Marketing   | <input type="checkbox"/> Lighting                  | <input type="checkbox"/> Specialized Carrier   |   |
|  |  | <input type="checkbox"/> Store Fixtures        |   |

Please include a **240 Character max.** (incl. spaces and punctuations) printed description of your company for our membership directory (EDPA has the right to edit) **Please print or type:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUAL DUES SCHEDULE**

**1. Regular Membership** (Regular Dues are based on annual gross industry sales volume in U.S. Dollars)

\$2,500,000 & under	\$ 650.00
\$2,500,000-\$7,500,000	\$ 1,645.00
Over \$7,500,000 - \$15,000,000	\$ 2,250.00
Over \$15M	\$ 3,250.00
*Each company regional branch	\$ 200.00

<b>2. Associate Members</b>	\$ 295.00
<b>3. Independent Designers</b>	\$ 295.00
<b>4. Students</b> (newsletter only)	\$ 35.00

\*A qualified branch is defined as a wholly owned operation of the regular member. The independent agent of a regular transportation member qualifies as a branch member.

**(There is an additional \$50 application fee. Please include with your payment.) TOTAL (Dues+\$50):** \_\_\_\_\_

**Credit Card:**  AMEX  DISCOVER  MASTER CARD  VISA  **Mailing Check**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

• **Wire Transfer** For wire transfer details, please contact Kimberly Wilson at [kwilson@edpa.com](mailto:kwilson@edpa.com)

(Note: There is a bank wire transfer fee of \$21.00 if you choose this payment method. **Please add \$21.00 to the total payment.** Thank you.)

As a member of EDPA our company agrees to abide by the constitution, bylaws, and code of ethics as they are now, or as they may be hereafter amended, support EDPA's objectives and interests so far as our time and ability permit; and pay dues established for such membership.

Your Name printed (required) \_\_\_\_\_ Your Title (required) \_\_\_\_\_

Your Signature (required) \_\_\_\_\_ Date (required) \_\_\_\_\_