



DISTRIBUTOR APPLICATION FOR MEMBERSHIP

A company located within the United States or its possessions, Canada or Mexico, whose primary business includes developing ideas for the use of promotional products, buying products from suppliers and reselling them to end buyers.

Company Name _____

Primary Contact Person _____

Phone _____ Mobile _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____ Website _____

Date Established _____ PPAI# _____ SAGE# _____ PPAI Associate Identifier (Formerly UPIC) _____

Qualifications: Being a member of PPAI, PPAI Associate or a SAGE Affiliate qualifies your company for membership. If none of these qualifications apply you must supply 3 copies of invoices, \$75.00 minimum each – sample orders excluded, from 3 different promotional product suppliers with whom you do business.

Your company will be listed in our online Membership Directory, accessible to NEPPA members only, based on the above information.

- ☐ Please indicate here any information that you DO NOT want included: _____
- ☐ Check here if you DO NOT want your company contact information to be listed in the Membership Directory.
- ☐ Check here if you would like other company personnel to receive NEPPA communications (news, announcements, etc.). Please provide their names and email addresses below: (Attach a separate sheet if needed.)

I hereby apply for membership in the New England Promotional Products Association and agree to be governed by its bylaws and any other regulations that may be properly adopted by the Board of Directors. I authorize NEPPA to verify the above listed information.

Application Agreement: Applicant's Name _____

Title _____ Date _____

Were you referred by a NEPPA member? Name & Company _____

Dues amount is based on the number of associates in your company – for companies with multiple branch locations, independent contractors, franchise type companies, etc., it is based on the number of associates in New England.

Please indicate # associates at right:

- | | |
|-------------------|-----------------------------------|
| 1-5 Associates: | <input type="checkbox"/> \$155.00 |
| 6-10 Associates: | <input type="checkbox"/> \$175.00 |
| 11-20 Associates: | <input type="checkbox"/> \$250.00 |
| 21-30 Associates: | <input type="checkbox"/> \$325.00 |
| 31+ Associates: | <input type="checkbox"/> \$400.00 |

Remittance: To process membership, attach a check (payable to NEPPA) or complete credit card information. Membership dues are paid on an annual basis (January 1 – December 31) and are not prorated. Dues may not be deducted as a charitable expense but may be deducted as a business expense according to the IRS.

Payment in U.S. Funds

☐ Payment by Check Check # _____

☐ Payment by Credit Card Complete the secure, online credit card payment form: <https://fs6.formsite.com/R2E2Gc/skgqtaekrs/index>

Submit completed application to:
Email: info@neppa.com
Mail: NEPPA, 4 Center St. #174, Wolfeboro, NH 03894
P: 603-529-8400