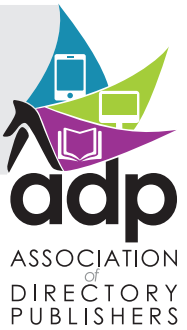
MEMBERSHIP *application*



PLEASE SELECT THE MEMBERSHIP YOU ARE APPLYING FOR:

- ☐ Publisher
- ☐ Associate Publisher
- ☐ International Publisher - Invested
- ☐ International Publisher - Interested
- ☐ Alliance
- ☐ CMR / Agency
- ☐ Partner - Invested
- ☐ Partner - Immersed
- ☐ Partner - Involved
- ☐ Partner - Interested

All Information will remain confidential

COMPANY

Company Name _____

Address _____

City _____ State/Providence _____

Zip/Postal Code _____ Country _____

Main Telephone _____ Fax _____

Website _____

BUSINESS STRUCTURE

Year Established _____

Business Structure ☐ Corporation ☐ LLC Partnership ☐ Sole Proprietor

No. of Employees _____

Are you a subsidiary or affiliate of another company ☐ Yes ☐ No

If yes, please provide name and please briefly describe affiliation

_____

PRINCIPLE REPRESENTATIVE CONTACT

Each member company, upon applying for membership, shall indicate on the membership application the name of one person who shall be designated to act as the Member's Principal Representative in the affairs of the Association. The Principal Representative of a Publisher Member company shall have the right and responsibility to cast any and all votes on behalf of the Publisher Member company.

☐ Mr. ☐ Mrs. ☐ Ms.

Name _____

Title _____

Address *(if different than above)* _____

City _____ State/Providence _____

Zip/Postal Code _____ Country _____

Main Telephone _____ Fax _____

Direct Line _____

Email _____

PUBLISHER APPLICANTS ONLY

_____ Number of Print Directories _____ Number of Electronic Directories Mobile Application ☐ Yes ☐ No

Gross Sales Revenues for Prior Calendar Year $ _____

MEMBERSHIP*application*

CMR/AGENCY APPLICANTS ONLY

CMR Number(s) _____

PARTNER APPLICANTS ONLY

Provide a brief description of your company (75 words or less). This description will be used in your membership announcement and the membership roster.

_____

_____

_____

_____

PRIMARY PRODUCTS AND/OR SERVICES OFFERED TO INDUSTRY:

- ☐ AD Design / Comp
- ☐ Ad Tracking
- ☐ Call Measurement Services
- ☐ CD-Rom Yellow Pages
- ☐ Circulation Audits
- ☐ Collections
- ☐ Competitive Analysis
- ☐ Consulting Services
- ☐ Content Management
- ☐ Data Entry
- ☐ Database Management
- ☐ Delivery / Distribution
- ☐ Electronic Services
- ☐ Enhanced DA
- ☐ Enhancements
- ☐ Financing
- ☐ Graphics
- ☐ Indexing
- ☐ Industry Communications
- ☐ Information Systems
- ☐ Internet Services
- ☐ Internet Yellow Pages
- ☐ Listings
- ☐ Mapping Services
- ☐ Marketing Services
- ☐ Mail Order Systems
- ☐ Mobile Advertising
- ☐ Mobile App Development
- ☐ National Sales
- ☐ Pagination
- ☐ Paper
- ☐ Printing
- ☐ Production Software
- ☐ Publishing Systems
- ☐ Recruitment
- ☐ Reputation Management
- ☐ Research
- ☐ Sales Leads
- ☐ Sales Systems
- ☐ Sales Training
- ☐ SEO/SEM
- ☐ Telemarketing
- ☐ Telephone Directory Enhancement Provider
- ☐ Trade Association
- ☐ Video Production
- ☐ Web Services
- ☐ Web Based Applications
- ☐ Other _____

INITIATION FEE

There is a one-time $250 US Initiation Fee that must accompany the application.

ANNUAL DUES

Please refer to the Membership Dues Schedule for applicable dues. Members are required to pay annual dues in a timely manner. First year dues are pro-rated and will be invoiced upon acceptance of your application.

Your membership remains in effect until you notify the Association in writing of your intent to terminate.

MEMBERSHIP*application*

AGREEMENT

The applicant agrees to comply with the Association's Bylaws. The Association reserves the right to amend the Bylaws without notice. The undersigned further agrees that this application, when signed by the applicant and accepted by the Association, constitutes a legally binding contract between the applicant and the Association.

Name _____

Title _____

Signature _____ Date _____

Initiation Fee $ _____

METHOD OF PAYMENT (check one):

☐ Check made payable to ADP ☐ American Express ☐ MasterCard ☐ Visa

Credit Card Number _____ Expiration Date _____

Cardholder's Signature _____ Name on Card _____

Billing Address if different from above:

Address _____

_____

City _____State/Providence_____Zip_____

Country _____

Note: The acceptance and processing of your check or credit card does not indicate membership approval.

ADDITIONAL ITEMS:

- Publisher member applicants need to include one copy of each of your current and immediately proceeding issue of your directories.
- Associate and International Publisher member applicants need to include a copy of your current directory.
- ALL applicants need to provide a picture of the principle representative and a full color company logo in a high resolution jpeg format.

PLEASE RETURN THE COMPLETED MEMBERSHIP APPLICATION WITH PAYMENT TO:

Association of Directory Publishers
116 Cass Street
Traverse City, MI 49684
Phone: 800.267.9002
Fax: 231.486.2182
Email: hq@adp.org

Thank you for applying for ADP Membership!