

ADP MEMBERSHIP APPLICATION

PLEASE SELECT THE MEMBERSHIP YOU ARE APPLYING FOR:

- | | |
|---|---|
| <input type="checkbox"/> Publisher | <input type="checkbox"/> CMR / Agency |
| <input type="checkbox"/> Associate Publisher | <input type="checkbox"/> Partner - Invested |
| <input type="checkbox"/> International Publisher - Invested | <input type="checkbox"/> Partner - Immersed |
| <input type="checkbox"/> International Publisher - Interested | <input type="checkbox"/> Partner - Involved |
| <input type="checkbox"/> Alliance | <input type="checkbox"/> Partner - Interested |

All Information will remain confidential

COMPANY

Company Name _____
Address _____
City _____ State/Province _____
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/Province _____
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 \$ _____

ADP 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 and Industry Buyers Guide.

PRIMARY PRODUCTS AND/OR SERVICES OFFERED TO INDUSTRY:

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

INITIATION FEE

There is a one-time \$250 U.S. 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.

ADP 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/Province _____
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 preceding 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!