

**PROMOTIONAL PRODUCTS ASSOCIATION SOUTHWEST (PPAS)**

**507 Shadow Bend Dr., Richardson, TX 75081**

**Phone 214-205-6431 972-231-3818 Fax**

**www.ppasw.com email: info@ppasw.com**

**Application for Membership: Annual Dues \$100.00 + \$25 application fee**

**(Dues may not be deducted as a charitable expense but may be deducted as a business expense)**

Company Name: \_\_\_\_\_

Your Name/Position: \_\_\_\_\_ CAS ( ) MAS ( )

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web page: \_\_\_\_\_ UPIC: \_\_\_\_\_

Type of Promotional Product Business: ( ) Distributor ( ) Supplier ( ) Business Services  
( ) Marketing Firm ( ) Local Supplier Rep ( ) Multi-Line Rep

Number of years in Promotional Products Industry \_\_\_\_\_

Supplier: Type of product you sell or manufacture \_\_\_\_\_

Are you a member of PPAI? ( ) Yes ( ) No If yes, PPAI # \_\_\_\_\_

Do you subscribe to ASI? ( ) Yes ( ) No If yes, ASI # \_\_\_\_\_

**Please list below four Promotional Products trade references (Distributors, list suppliers; Suppliers, list distributors; Supplier Reps, list line you represent).**

Company Name \_\_\_\_\_

Contact Person & Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person & Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person & Phone \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person & Phone \_\_\_\_\_

If accepted, our company agrees to abide by the Bylaws of the Association.

**Signature of Officer of Applying Firm** \_\_\_\_\_