



Membership Application for the Packaging & Label Gravure Association Global

Name _____ Position _____

Company _____

Street Address _____

City _____ State _____ Postal Code _____ Country _____

Tel _____ Fax _____

E-mail _____ Company Web site _____

What does your company do? _____

What markets do you serve? _____

Our company is a (choose one): Converter Supplier Customer Trade Organization

Trade Publication Academic Organization

Mail this form with payment to:

Packaging & Label Gravure Association Global

18481 Royal Hammock Blvd.

Naples, FL 34114 USA

or

Fax this form with credit card information to 239-775-1741

Membership Fee \$800.00 per year per company/division. (U.S. dollars only.)

Payment: Check enclosed

or

Bill my: (circle one) **Visa MasterCard American Express**

Card Number _____

Card Holder's Name _____

Expiration date _____

Signature _____