



PROFESSIONAL PICTURE FRAMERS ASSOCIATION RETAIL BUSINESS MEMBERSHIP APPLICATION

YES, I WANT TO JOIN THE PPFA

INDIVIDUAL AFFILIATE MEMBERSHIPS - BASIC (see option 1)\$95 USD

Individual memberships are for those who are associated with the art and custom picture framing business. Typically for non-business owners and includes sales representatives, designers, photographers, etc. This membership level includes a basic address listing in the directory. These members can take advantage of educational discounts at chapter, national, and international levels, discounts on certification programs, and can participate in framing competitions.

RETAIL BUSINESS MEMBERSHIPS - DELUXE (see option 2).....\$195 USD

This organizational membership includes a full-featured profile in the directory. This membership level will receive storefront decals, educational discounts at chapter, national, and international levels, discounts on certification programs, and can participate in framing competitions. This membership level will receive 2 individuals per location. For discounts on memberships for additional locations, please call (732) 536-5160 ext 270.

ADD AN ADDITIONAL MEMBER LISTING\$50 USD

Add an additional member at the same business location. Can only be purchased in addition to Retail Business Membership. These members can take advantage of educational discounts at chapter, national, and international levels, discounts on certification programs, and can participate in framing competitions.

OPTION 1: INDIVIDUAL AFFILIATE MEMBERSHIPS (Please Print)

Full Name: _____
Title: _____ Designation: ☐ CPF ☐ MCPF ☐ other: _____
Store/Company/Organization (if applicable): _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
Cell Phone: _____ Email: _____
Website: _____

OPTION 2: RETAIL BUSINESS MEMBERSHIPS (Please Print)

Store/Company/Organization: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
Cell Phone: _____ Email: _____
Website: _____

Member 1

Full Name: _____ Designation: ☐ CPF ☐ MCPF ☐ other: _____
Title: _____ Email: _____

Member 2

Full Name: _____ Designation: ☐ CPF ☐ MCPF ☐ other: _____
Title: _____ Email: _____

Additional Member

Full Name: _____ Designation: ☐ CPF ☐ MCPF ☐ other: _____
Title: _____ Email: _____

If more members are needed, please duplicate this form.



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BUSINESS INFORMATION

10. <input type="checkbox"/> Retailer Independent	91. <input type="checkbox"/> Fine Art Printmaker	Number Of Locations _____	Annual Sales Section:
20. <input type="checkbox"/> Retailer Chain	92. <input type="checkbox"/> Photographer	Number Of Employees _____	<input type="checkbox"/> Under 200,000
25. <input type="checkbox"/> Retailer Franchise	93. <input type="checkbox"/> Art/Publisher	Part-Time _____	<input type="checkbox"/> 200,000 – 350,000
30. <input type="checkbox"/> Wholesaler/Contract Framing	94. <input type="checkbox"/> Artist	Full-Time _____	<input type="checkbox"/> 350,000 – 500,000
40. <input type="checkbox"/> Wholesaler	95. <input type="checkbox"/> Conservator	Sponsored by: _____	<input type="checkbox"/> 500,000 – 750,000
60. <input type="checkbox"/> Manufacturers Rep.	96. <input type="checkbox"/> Consultant	Name: (optional) _____	<input type="checkbox"/> 750,000 – 1,000,000
80. <input type="checkbox"/> Designer	97. <input type="checkbox"/> Custom Framer		<input type="checkbox"/> Over 1,000,000
90. <input type="checkbox"/> Other	98. <input type="checkbox"/> Art Gallery		

ORDER FORM *Please choose the PPFA membership that's right for your business.*

Membership Description	Price	Total
<input type="checkbox"/> Individual Affiliate Membership - Basic - Option 1	\$95	\$95
<input type="checkbox"/> Retail Business Membership - Deluxe - Option 2 (Includes 2 member listings)	\$195	\$195
<input type="checkbox"/> Add an Additional Listing with Retail Membership. Quantity _____	X \$50 =	_____
<input type="checkbox"/> Yes, I would like to receive a one-year subscription to Picture Framing Magazine at 50% off. Includes 12 issues and an annual directory.	\$10	_____
	Grand Total	_____

PAYMENT INFORMATION

Membership dues are required at application submission. Dues cover one year of PPFA membership and include basic membership benefits through the duration of the membership. If dues increase during membership term, the member(s) will be subject to the increase at time of renewal. For other types of supplier/sponsor memberships, please contact us at (732) 536-5160 ext. 270.

Membership dues can be paid either by check or credit/debit cards (AmEx, Visa, MasterCard).

Card Type: _____ CC #: _____

Expire Date: _____ CVV: _____

Name on Card: _____

Billing Address (If Different from Applicant Address)

Name: _____ Company: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

I authorize the verification of the information provided on this form as to my employment and authorize payment as stated above. I ensure that the information provided is true and complete to the best of my knowledge. And by signing this form I agree to uphold the standards set forth by the PPFA bylaws. Payable in US dollars.

Signature of Applicant: _____ Date: _____

Source Code: _____

Please send completed form to: PPFA/Monarch Expositions

83 South Street, Ste. 307, Freehold, NJ 07728 | Phone: (732) 536-5160 | Fax: (732) 536-5761 | Email: membership@ppfa.com

PPFA is a membership-based organization serving the Art and Framing Professional. PPFA is managed by Monarch Expositions.