

# MEMBERSHIP APPLICATION

## COMMITTEE FOR GRAPHIC ARTS TECHNOLOGIES STANDARDS (CGATS)

### 1. CHECK ONE:

- I would like to apply for Participating (Voting) Membership on CGATS (parent committee). *Participating members are expected to attend meetings and/or comment on document drafts, and return all ballots*
- I would like to apply for Observing (Non-Voting) Membership on CGATS (parent committee). *Observing members receive minutes, document drafts, and meeting notices. They may comment on documents, but may not vote.*

Date of Application:

### 2. CONTACT INFORMATION FOR PARENT COMMITTEE MEMBERSHIP

<b>Delegate</b>	<b>Alternate (optional)</b>
Name:	Name:
Title:	Title:
Company:	Company:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Fax:	Fax:
*E-mail:	*E-mail:

*\* All participants must have a valid e-mail address to receive all documents, correspondence, ballots, etc.*

### 3. SUBCOMMITTEE AND WORKING GROUP ACTIVITIES

*I would like to also apply for membership on the following subcommittee and/or working group activities, please check those of interest. Indicate name of representative(s), and level of interest. If participant is other than Delegate or Alternate shown above, please provide contact information on a separate page.*

<b>SUBCOMMITTEES AND WORKING GROUPS</b>	<b>NAME(S)</b>	<b>PARTICIPATING (voting)</b>	<b>OBSERVING (non-voting)</b>
<input type="checkbox"/> SC2 - Plates		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC3 – Metrology		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC4 - Process Control		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC5 - Material Handling		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG1 - PDF/X		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG2 – VDX		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC6 WG3 - Diecutting Data (IT8.6)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC9 WG1 - Digital Workflow for Packaging		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SC9 WG2 - Ink & Color Char. for Packaging		<input type="checkbox"/>	<input type="checkbox"/>

*CGATS Membership Application Page 1 of 2 – please complete **BOTH** pages*

**4. CHECK THE CATEGORY THAT BEST DESCRIBES YOUR ORGANIZATION**

*(choose one category only):*

- Consumables Manufacturer
- Equipment Manufacturer
- Software Manufacturer
- User (non-manufacturer that uses standards either directly or through use of products that incorporate them)
- Association (industry trade association)
- Individual Expert/Consultant (individual who has technical expertise in the area and does not represent another organization)
- Government (employed by local, state or federal government agency)
- Educator/Educational Institution (full-time educator or student)

**5. PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION'S BUSINESS**

*If you are applying for Participating Membership this information will be included on the ballot of your membership.*

**6. MEMBERSHIP FEES FOR FULL COMMITTEE**

*(no fee for subcommittee/working group participation)*

*Fees include membership on the full committee as well as selected subcommittees. **Payment (if applicable) must accompany application.** See FEE STRUCTURE below, for details.*

- Check (payable to NPES)
- American Express     Visa     MasterCard     Diner's Club/Carte Blanche     Discover

Card Number: \_\_\_\_\_ Verification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*Verification #: 3-4 digits on back of credit card after card #. Credit card orders cannot be processed without verification #.*

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**FEE STRUCTURE**

<b>PARTICIPATING (VOTING) MEMBERSHIP</b>			<b>OBSERVING (NON-VOTING) MEMBERSHIP</b>		
	<b>NPES Members</b>	<b>NPES Non-Members</b>		<b>NPES Members</b>	<b>NPES Non-Members</b>
Companies	\$0.00	\$300.00	Observer	\$0.00	\$0.00
Association	N/A	\$200.00			
Individual Expert/Consultant	N/A	\$100.00			
Government	N/A	\$0.00			
Educator/Educational Institution	N/A	\$0.00			

**PLEASE RETURN BOTH PAGES OF YOUR COMPLETED APPLICATION TO:**

Debbie Orf  
 NPES  
 1899 Preston White Drive  
 Reston, VA 20191

Tel: 703/264-7200  
 Fax: 703/620-0994  
 E-mail: [dorf@npes.org](mailto:dorf@npes.org)