Specialty Advertising Association of California

Serving the Promotional Products Industry

MEMBERSHIP APPLICATION

Company Name:	**Subsidiary of (if applicable)**:		
Address:	**City:**	**State:**	**ZIP:**
Phone Number:	**FAX:**	**800 Number:**	
Company Email:	**Website:**		
Name of Official SAAC Delegate:	**Delegate Email:**		
Delegate Address:	**City:**	**State:**	**ZIP:**
Delegate Phone Number:	**FAX:**		
PPAI Number:	**SAGE Number:**	**ASI Number:**	
Membership Classification: ☐ **Distributor** ☐ **Supplier** ☐ **Multi Line Rep** ☐ **Business Services**			

If accepted for membership in the **Specialty Advertising Association of California**, our Company agrees to conform to the bylaws of the Association.

_____

Signature (Officer / Owner) **Date**

_____

Print Name

Annual Dues: $125.00

Dues are for calendar year and not pro-rated.

☐ Check Enclosed

☐ Credit Card Authorization to charge dues to following credit card.
(Please print legibly)

Card No:																	Sec Code					Exp Date				

Cardholder's Name:(print)_____Signature:_____

Cardholder's Address if Different From Company:_____

_____

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