

**MEMBERSHIP APPLICATION FORM**

Company Particulars

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

Business Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Postal: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Company Registration No.(RCB No.) \_\_\_\_\_

Person-In Charge: \_\_\_\_\_ Designation: \_\_\_\_\_

Membership Type: (Please tick ONE)

- ORDINARY                       ASSOCIATE                       INDIVIDUAL

\* Entrance Fee: S\$300 (One Time Payment)                      \* Subscription Fee: S\$300 per annum

Key Operations

- Wholesaler     Importer             Exporter             Engraving/ Printing             Embroidery  
 Sell to Corporate Buyers     Manufacturer             Retail             Others \_\_\_\_\_

Product Lines

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Awards & Trophies                  | <input type="checkbox"/> Cups & Mugs                | <input type="checkbox"/> Sports Accessories               |
| <input type="checkbox"/> Badges, Buttons                    | <input type="checkbox"/> Glass / Ceramic / Crystals | <input type="checkbox"/> Stationery / Writing Instruments |
| <input type="checkbox"/> Calendars                          | <input type="checkbox"/> Time Piece                 | <input type="checkbox"/> Toys & Stuffed Animals           |
| <input type="checkbox"/> Diaries & Pocket Reminders         | <input type="checkbox"/> Key tags                   | <input type="checkbox"/> Travel Products                  |
| <input type="checkbox"/> Electronic Products                | <input type="checkbox"/> Magnetic Products          | <input type="checkbox"/> Umbrellas                        |
| <input type="checkbox"/> Confectionery (Chocolates, Sweets) | <input type="checkbox"/> Office & Desk Products     | <input type="checkbox"/> Wearable (Caps, Jackets, Shirts) |
| <input type="checkbox"/> Retail Gifts                       | <input type="checkbox"/> Handicrafts                | <input type="checkbox"/> House wares & Home Products      |
| <input type="checkbox"/> Costume Jewellery                  |   |   |

Other Please Specify: \_\_\_\_\_

Territory

- Local             Asia             Australasia             Europe             US             Middle East



PROMOTIONAL PRODUCTS & GIFTWARE ASSOCIATION

896 Dunearn Road, #04-01C
Sime Darby Centre, Singapore 589472
Tel: (65) 6467 8385 Fax: (65) 6467 8325

Main Account Types

- Advertising & Broadcast
Clubs, Associations
Financial Institutions (Banks)
Government Agencies
Schools, Universities
Biotech / Life Sciences
Utilities (Electrical, Gas)
Electronics
Human Resource
Trading & Distribution
Chemical & Pharmaceutical
Retail(Stores, Shopping Centres)
Professional (Docs, Lawyers)
Marketing Svs (Ad Agencies)
Insurance, Property
Airlines
Freight Forwarding Logistics
Exhibition / Events
Manufacturing
Petroleum Companies
Wholesalers
Construction
Health, Medical & Fitness Svs
Recreation (Theaters, Bowling)
Automotive Dealers
Hospitality (Hotels, Resorts)
Food & Beverage
IT / InfoComm
Sports-Related (Soccer Teams)
Others

Special services & facilities for your clients include (Maximum 5)

- Specialty & Premium Fulfillment services
Art, design & layout
Complete advertising agency services
Complete sales promotion agency services
Copywriting for letters, brochures, etc
Gift Wrapping / Packaging
Local Imprinting and /or Personalising
Printing
Warehousing and dropshipping
Delivery

Annual Sales Volume

Estimate \$ \_\_\_\_\_

Year Established \_\_\_\_\_

Number of Employee Salespeople

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

The primary person in your company to be contacted for announcement by PPGA:

Name/Designation: \_\_\_\_\_

Email: \_\_\_\_\_ HP: \_\_\_\_\_ DID: \_\_\_\_\_

I/We hereby agree to abide all the terms and conditions stated in this Application form. I/We understand that this Application shall be valid only when it is accepted and countersigned by the Promotional Products & Giftware Association.

Applicant's Signature / Company Stamp

Date: \_\_\_\_\_

FOR OFFICIAL USE:
Proposed by: \_\_\_\_\_
Seconded by: \_\_\_\_\_
Approved by: \_\_\_\_\_
Date: \_\_\_\_\_
Membership ID No.: \_\_\_\_\_
Membership Expiry Date: \_\_\_\_\_

IMPORTANT:

- Please return this application form together with your cheque payment.
Please make cheque payable to: "Promotional Products & Giftware Association"