



VINYL RECORD MANUFACTURING ASSOCIATION ASSOCIATION MEMBER APPLICATION

PRINCIPAL POINT OF CONTACT

| | |
|-------------------|---------------|
| Last/Family Name: | |
| First/Given Name: | |
| Title: | |
| Office Phone: | Mobile Phone: |
| E-mail Address: | |

MEMBER INFORMATION

| | |
|--------------------|--------------|
| Organization Name: | |
| Street Address: | |
| City: | State: |
| Country: | Postal Code: |
| Website: | |

ASSOCIATION MEMBERSHIP SUBCATEGORY (CHECK ONE)

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|--|-----------------------|--|
| A-3: Associate Member (Non-Voting Member) <i>Representing companies active in supporting interests or activities in the vinyl record industry.</i> Material Suppliers (PVC, Corrugated Materials), Printing Companies, Equipment Manufacturers | \$ 3,000 USD annually | |
| A-4: Associate Member (Non-Voting Member) <i>Representing companies active in supporting interests or activities in the vinyl record industry.</i> Broker, Consultant, Distribution, Logistics, Music Labels, and Transportation Companies. | \$ 3,500 USD annually | |

COMMITTEE REPRESENTATION

| | | |
|---|-----|----|
| Would a representative from your company be interested to join a committee? | Yes | No |
| If yes to the above, please provide the name of your representative. | | |

SIGNATURE OF AUTHORIZED REPRESENTATIVE

I am an authorized representative of the organization listed above and hereby agree to: (i) follow the Articles of Incorporation and Bylaws of the Vinyl Record Manufacturing Association; (ii) uphold and support the policy priorities of the Vinyl Record Manufacturing Association; and (iii) tender all requisite dues in a timely manner.

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|------------|-------|
| Signature: | Date: |
| Name: | |
| Title: | |