

CONTACT INFORMATION

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

MEMBERSHIP CATEGORY: EDUCATOR

Annual POPAI membership dues are effective for a 12 month period which commences on the date payment is received. POPAI annual membership dues for Educator members in 2010 is \$150.

For federal income tax purposes: Dues payments are deductible as an ordinary and necessary business expense. However, the portion of dues paid which covers lobbying expenses accrued by POPAI is not deductible. The non-deductible portion of dues for lobbying is 1%.

PAYMENT REMITTANCE INFORMATION

TOTAL DUES PAID: \$ _____

Method of Payment:

Check

Credit Card

American Express MasterCard Visa

Name on Card _____

Credit Card Number _____

Security Code _____ Expiration Date _____

Authorized Signature _____ Date _____

CODE OF ETHICS

The Code of Ethics included in the "Point-Of-Purchase Advertising Industry Standards of Practice" manual, contains the principles of P-O-P industry ethics as established by Point-Of-Purchase Advertising International. It is the responsibility of the member company to advise all appropriate employees of this Code of Ethics. Under the circumstances described in the POPAI By-Laws, Article III, Section 9b, companies adjudged guilty of illegal activity may be subject to sanctions.

By signing the code of ethics acknowledgment I confirm that I have read the ethics statement and that I am the primary membership contact for this company. I also confirm that the membership dues paid by my company to POPAI accurately reflect the volume of business my company accrues within point-of-purchase advertising as called for in the dues schedule.

Signature

Print Name

Title

Date

Remit Payment To: POPAI Membership • 1600 Duke Street, Suite 400 • Alexandria, VA 22314
or
fax to (703)373-8801 or email to kmurphy@popai.com