



INDUSTRY ASSOCIATE APPLICATION

The Third Party Marketers Association offers Industry Associate participation to firms who offer products or services which support the efforts of third party marketers and their clients.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Firm Name, Address, Website, Phone, Fax and Key Contact will be listed on the 3PM Member web page upon membership approval, acceptance, and payment of dues. Please notify 3PM in writing if you do not wish to have your firm's contact information listed on the 3PM website at the time of submission of this application.

Name of Firm Professional Completing Application: \_\_\_\_\_

Email Address of Firm Professional Completing Application: \_\_\_\_\_

Phone Number of Firm Professional Completing Application: \_\_\_\_\_

Number of Principals/Owners: \_\_\_\_\_ Number of Employees (non-Principals/Owners): \_\_\_\_\_

Employee/Owner 1: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee/Owner 1: Email: \_\_\_\_\_ Address: \_\_\_\_\_

Employee/Owner 2: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee/Owner 2: Email: \_\_\_\_\_ Address: \_\_\_\_\_

References:

Please provide 2 industry references, including contact information, that 3PM may contact on behalf of your firm. At least 1 reference must be a Member Firm of 3PM:

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Dues Scheduling

(Note: Annual dues are valid from July 1st - June 30th)

- January 1st - April 30th dues are pro-rated at 1/2 the regular member rate
• May 1st - December 31st dues are full price

INDUSTRY ASSOCIATE MEMBERSHIP (\$850 USD)

Industry Associate Application

Additional Employee/Owner Listings on 3PM Website (\$200 per name)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

check enclosed paid by credit card

Firm owner/employee who will be listed on the 3PM website as contact person on behalf of the Firm (one is included in Industry Associate participation, see above to list additional personnel)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

METHOD OF PAYMENT

Check/Money Order Master Card VISA American Express

#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

As the representative submitting this application for Industry Associate participation in the Third Party Marketers Association, I vow that the statements above are true and accurate to the best of my knowledge and ability, and that all firm owner and employee signatures and information are genuine and accurate as of this date.

Signature

Date



## INDUSTRY ASSOCIATE FIRM PROFILE

Please complete the following questions regarding your firm. All information collected is for in-house use only and will be held in strictest confidence, unless authorized otherwise by the primary contact at the Industry Associate participating firm as specified in response to this next statement. **Note: Firm listing on the 3PM.org web site is based on Industry Associate acceptance and continued good standing, and your authorization and completion of this page.**

**Pending Industry Associate acceptance, may we use this information to add your firm to our web site, [www.3pm.org](http://www.3pm.org)?**  Yes  No  
**Pending Industry Associate acceptance, may we use this profile in our newsletter, 3PM News?**  Yes  No

Please indicate your firm's service areas:

Services Offered

Marketing material creation ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Portfolio analytics..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance consulting..... <input type="checkbox"/> Yes <input type="checkbox"/> No	RFP completion..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Product positioning..... <input type="checkbox"/> Yes <input type="checkbox"/> No	General consulting..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Technology services..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____
Database updating..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide a written description (max 100 words) of your firm and the services you provide. 3PM will include this description on our website:

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How did you hear about The Third Party Marketers Association?

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Would you be interested in partnering with other Industry Associates or Members? .....  Yes  No  
 Would you be interested in participating in one of the following committees? .....  Yes  No

If "Yes", please rate your interest in participating on the following committees: 1= highest interest, 2 = medium interest, 3 = lowest interest

- Communications/ Marketing Committee.** This committee works to improve the 3PM web site, providing members with access to new content and serves as mechanisms for keeping members abreast of new information important to the promotion of events and member benefits.
- Events Committee.** This committee works on the location and content of 3PM's annual conference, meetings and webcasts.
- Membership Committee.** This committee works to increase the membership of the organization by proactively contacting qualified third party marketing firms that are not current members. They work closely with the Strategy and Communications/ Marketing Committees.
- Sponsorships, Partnerships & Member Benefits Committee.** This committee works on recruiting sponsors for all 3PM events. This committee also negotiates with vendors regarding the Member Benefit Program as well as engaging in Media and Association Partnerships.
- Strategy Committee.** This committee works on the growth of 3PM while maintaining and improving the association's credibility. This committee also works with the Membership Committee to broaden 3PM's reach outside the U.S.

As the representative submitting this Firm Profile for Industry Associate participation in the Third Party Marketers Association, I vow that the statements above are true and accurate to the best of my knowledge and ability, and that all firm owner and employee signatures and information are genuine and accurate as of this date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTE: if you choose to electronically send this completed application to [info@3PM.org](mailto:info@3PM.org), please be sure to SAVE the completed document and transmit the SAVED document. In addition, please print and mail or fax an original copy of this completed application to:**

**Third Party Marketers Association, Inc.  
 191 Clarksville Road, Princeton Jct., NJ 08550 - Phone 609/799-4900 Fax 609/799-7032**