



SPONSOR #1

MEMBERSHIP APPLICATION SPONSORSHIP FORM

SPONSORSHIP CRITERIA:

THE APPLICANT:

- IS KNOWN TO THE SPONSOR.
- IS IN THE BUSINESS OF SELLING PROMOTIONAL PRODUCTS ON A FULL TIME BASIS.
- HAS SHOWN THEY OPERATE THEIR BUSINESS IN ACCORDANCE WITH THE PPPC VALUES & CODE OF ETHICS WHICH CAN BE FOUND ON WWW.PPPC.CA.
- WILL BE ACCEPTED AS A MEMBER BASED ON THIS SPONSORSHIP.

APPLICANT:

Company Name _____

Contact _____

Address _____ City _____

Province/ State _____ Postal / Zip Code _____

SPONSOR:

WE HEREBY SPONSOR THE ABOVE APPLICANT FOR MEMBERSHIP IN THE PPPC.

Company Name _____

PPPC #. _____

How long have you known the applicant? _____

Comments: _____

CONFIRMATION:

TO BE SIGNED BY A VOTING MEMBER OF A PPPC COMPANY IN GOOD STANDING OR AN ALTERNATE APPOINTED BY THE VOTING MEMBER.

Sponsor Name _____

Signature _____

NO ELECTRONIC SIGNATURES ACCEPTED

Date _____

FAX CONFIRMATION TO 800-489-8741 OR EMAIL TO MEMBER@PPPC.CA



SPONSOR #2

MEMBERSHIP APPLICATION SPONSORSHIP FORM

SPONSORSHIP CRITERIA:

THE APPLICANT:

- IS KNOWN TO THE SPONSOR.
- IS IN THE BUSINESS OF SELLING PROMOTIONAL PRODUCTS ON A FULL TIME BASIS.
- HAS SHOWN THEY OPERATE THEIR BUSINESS IN ACCORDANCE WITH THE PPPC VALUES & CODE OF ETHICS WHICH CAN BE FOUND ON WWW.PPPC.CA.
- WILL BE ACCEPTED AS A MEMBER BASED ON THIS SPONSORSHIP.

APPLICANT:

Company Name _____

Contact _____

Address _____ City _____

Province/ State _____ Postal / Zip Code _____

SPONSOR:

WE HEREBY SPONSOR THE ABOVE APPLICANT FOR MEMBERSHIP IN THE PPPC.

Company Name _____

PPPC #. _____

How long have you known the applicant? _____

Comments: _____

CONFIRMATION:

TO BE SIGNED BY A VOTING MEMBER OF A PPPC COMPANY IN GOOD STANDING OR AN ALTERNATE APPOINTED BY THE VOTING MEMBER.

Sponsor Name _____

Signature _____

NO ELECTRONIC SIGNATURES ACCEPTED

Date _____

FAX CONFIRMATION TO 800-489-8741 OR EMAIL TO MEMBER@PPPC.CA



SPONSOR #3

MEMBERSHIP APPLICATION SPONSORSHIP FORM

SPONSORSHIP CRITERIA:

THE APPLICANT:

- IS KNOWN TO THE SPONSOR.
- IS IN THE BUSINESS OF SELLING PROMOTIONAL PRODUCTS ON A FULL TIME BASIS.
- HAS SHOWN THEY OPERATE THEIR BUSINESS IN ACCORDANCE WITH THE PPPC VALUES & CODE OF ETHICS WHICH CAN BE FOUND ON WWW.PPPC.CA.
- WILL BE ACCEPTED AS A MEMBER BASED ON THIS SPONSORSHIP.

APPLICANT:

Company Name _____

Contact _____

Address _____ City _____

Province/ State _____ Postal / Zip Code _____

SPONSOR:

WE HEREBY SPONSOR THE ABOVE APPLICANT FOR MEMBERSHIP IN THE PPPC.

Company Name _____

PPPC #. _____

How long have you known the applicant? _____

Comments: _____

CONFIRMATION:

TO BE SIGNED BY A VOTING MEMBER OF A PPPC COMPANY IN GOOD STANDING OR AN ALTERNATE APPOINTED BY THE VOTING MEMBER.

Sponsor Name _____

Signature _____

NO ELECTRONIC SIGNATURES ACCEPTED

Date _____

FAX CONFIRMATION TO 800-489-8741 OR EMAIL TO MEMBER@PPPC.CA