

Contact Person Information	
Contact Name	
Position	
Phone	
E-mail	
Business References (Please provide two business references)	
Company 1	
Contact Person	
Email and Phone	
Company 2	
Contact Person	
Email and Phone	
Phone:	

The applicant understands that Confidentiality and Scope of Work Agreements are required of every NPRN member and must be executed and returned before any participation may occur.

Contact Person Signature

____/____/____
Date

NPRN conditions of Membership:

- The member company has a staff of trained and experienced technicians who regularly perform diagnostic, repair and maintenances services on print devices and stocks replacement parts
- Mutual non-solicitation of NPRN member employees and customers
- Regular meeting attendance
- Meet the services objectives defined in the Scope of Work

NPRN Annual Fees:

- Membership year runs from August 1st to July 31st
- Annual Membership non-refundable is \$750.00

For NPRN use only:

Member/Date	Notes