



Independent Pattern Company Alliance Application for Associate Membership

Company Name _____

Pattern Company Name (if different from above) _____

Contact person _____

Telephone _____ Fax _____

Email _____

Web Site _____

Number of **fashion** patterns currently in your line _____

Date you began producing patterns _____

Please provide **two** of your current patterns for evaluation. *The evaluation will help a mentor guide you towards meeting standards of admission as a full member to the IPCA.*

Pattern Names and Style numbers:

To help us better match you with a mentor, please tell us of specific areas in which you need assistance.

i.e. Costs Illustrations Marketing Drafting Other _____

I have read the Requirements of the Associate Member and agree.

Signature _____ Date _____

Please print two copies of this application, sign and date, then mail one copy along with your patterns and check payable to **IPCA** in the amount of **\$175** to the address below. We will review your pattern and assign you a mentor within two weeks of receipt. Thank you.

IPCA
c/o Janet Pray
1385 Clyde Road
Highland MI 48357
Telephone: 248-889-5091
email: sewexpo@comcast.com