Membership Form Instructions

The following three forms are all we need to begin your membership. Please notice that the Letter of Participation Form (at the end) must be placed on your letterhead.

1) Participation Statement
2) Facility Profile
3) Letter of Participation (LOP) - must be placed on your letterhead

Membership forms can be submitted via email, mail or fax using the following contact information.

Email (preferred):
travis.claypool@trinity-usa.net

Address:
Trinity/HPSI
P.O. Box 1674
White House, TN  37188

Fax:
615-855-1800
Participation Statement

We, as the undersigned camp, church, school or other organization, desire to participate with Trinity/HPSI. We understand there is no cost associated with our participation, and we incur no obligation to use any particular vendor agreement, but we may use any agreement that we determine to be beneficial to our organization.

We recognize that Trinity/HPSI will always strive to assist us with agreements that yield best overall value, with equally strong emphasis on quality, service and price. We also understand that the collective Trinity/HPSI strength means we will normally be able to purchase the best quality available at a price lower than we would pay for lesser quality.

Organization Name ________________________

Contact Person ________________________

Signature ___________________________ Date __________
TRINITY/HPSI
FACILITY PROFILE FORM

Territory Manager:  Steve & Gay Claypool  Date ______________________________

FACILITY NAME ____________________________________________________________

Physical Address:  Mailing Address, if different:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Phone Number ___________________  Fax Number _____________________________

Owner or Group ___________________  Phone Number __________________________

Primary Contact ___________________  Title _________________________________

Email ____________________________  Direct Phone or Ext. ______________________

Alternate Contact ___________________  Title _________________________________

Email ____________________________  Direct Phone or Ext. ______________________

Primary Foodservice Provider __________  Customer Number __________________

Secondary Foodservice Provider __________  Customer Number __________________

Propane Provider _________________  Interested in Lowe’s Savings?  □

NOTE: All approved Trinity/HPSI vendors for the geographical area of this facility will be notified. Special Instructions or Information: ___________________________________________  ____________________________________________

Office Use Only:

Account Number _____________________  Start Date ____________________________
Facility Type ________________________  Rate of Fee $0
Received by T.M. ______________________  Sales Tax Rate ______________________
Received by Home Office ________________  Territory _________________________
Vendors Notified ______________________
Dear HPSI Vendor Partner:

Our facility has recently joined the Trinity/HPSI group purchasing program affiliated with HPSI. As such, we wish to access the contract pricing, programs and services offered by your company, under the terms and conditions of the HPSI agreement.

Please consider this letter as our official notification to have our facility contracted under the HPSI program. All purchases made by our facility should be reported to HPSI, as per the terms of your agreement. This notification shall remain in full force and effect until expressly revoked by this facility or upon notification from HPSI that our membership has been terminated.

Should you have any questions regarding this notification please contact us as soon as possible.

Sincerely,

Signature: _____________________________________

Print Name: ___________________________________

Title: _______________________________________

Date: ________________________________________