



## 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 \_\_\_\_\_

(New Trinity/HPSI Member: This letter of participation (LOP) must have the text below on your letterhead completed and signed to submit to HPSI. You may either 1) drop the text below onto your letterhead electronically as in a Word document, 2) fold this top part of the page back and copy the text below onto your letterhead, or 3) complete the statement below as is and send us a blank letterhead and we will do the copying.)

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: \_\_\_\_\_