Membership Form Instructions

The following three forms are all we need to begin your membership. **Please notice that the Vendor Notification Form must be placed on your letterhead.**

1) Participation Statement  
2) Facility Profile  
3) Vendor Notification Form (must be placed on your letterhead)

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

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

**Fax:**  
615-855-1800

**Email:**  
steve.claypool@trinity-usa.net
Participation Statement

We, as the undersigned church, camp, 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.

We recognize that the Trinity/HPSI vendors have made very substantial profit margin concessions in order to support the participating members. In recognition of their commitment, and in order to save as much for our organization as possible, we will endeavor to give maximum opportunity to each Trinity/HPSI vendor we choose to use.

Organization Name _____________________________________
Address ______________________________________________
Contact Person ________________________ Phone ___________
Signature ____________________ Date ________Fax _________
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 _________________________
Other Full-Line FS Provider ________________     Customer Number _________________________

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 in regards to this notification please contact us as soon as possible.

Sincerely,

Signature: _____________________________________

Print Name: _____________________________________

Title: _____________________________________

Date: _____________________________________