



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.** See instructions below:

- 1) Participation Statement
- 2) Facility Profile **Complete a Facility Profile for each physical address.*
- 3) Letter of Participation (LOP) ****Must be on your letterhead.** Please attach your blank letterhead, or copy and paste the body of the form with the signature section onto 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. _____

Current Lowe's Pro Customer?

Interested in Lowe's Savings?

Do You Use Ecolab Products?

Propane Provider _____

Primary Foodservice Provider _____

Customer Number _____

Secondary Foodservice 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 _____

Please copy the text below onto your letterhead before submitting, or attach a blank letterhead when you submit your forms.

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: _____