

Annual Dues

p. 612.400.6200	
Broadway Place West	
1300 Godward St NE	
Suite 2650	
Mpls, Mn 55413	
www.pimw.org	

Associate Member Information

			☐ 11-30 (\$127		□ 30+ (\$1590)
Multi-state:		🗌 30+ (\$1590, u			addtional locations \$500 each
Describe your busine			Print Broker		
	Supplier			Othe	ſ
Contact Inf	DealerO		Consultant		
Company Na	ame				
Street Addre	SS				
City/State/Z	ip				
Primary Con	tact Name _				
Title					
Direct Phone	e				
Main Phone					
Fax					
Email					
Check all tha	t apply: 🗌	open shop	🗌 union - loca	al affiliation	:
		woman-owned sł	nopminority-ow	vned shop	
Autograph					
Authorizatio	n: by signing	below, you grant	PIM and it's affiliate	es permiss	ion to fax or email
corresponde	nce to our fir	m's representativ	es.		
Please Print	Name				
Signature _					
Date					
Title					
Payment opt	IONS				
🗌 Check is enc	losed	🗌 Please ch	arge my card		
Please send	invoice	Card Type	e: 🗌 Visa 🗌 Mas	sterCard	American Express
		C	Card Number		
		E	Expiration Date		
		5	Signature		
		🗌 Billing ad	dress is the same as	s listed abo	out
		🗌 Use billing	g address listed belo	ow	
		5	Street Address		
		C	City/State/Zip		



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Associate Member Information

Company Contacts

TITLE	NAME	EMAIL	
CEO			
-	-		
Bindery Supervis	sor		
Shipping Superv	isor		
Labor Relations			
Safety Coordinat			
Maintenance			
Other			
Other			
Other			