

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

In-Plant Member Information

Annual Dues

	Number of employees	at you	r print shop:			
	□ 1-5 (\$650)	☐ 6-10 (\$875)	5) 🗌 11-20 (\$1690)	☐ 21-50 (\$2850)	☐ 51+ (\$3975)
	Describe your busines	ss:				
CON	itact Info					
	Company Name					
	Street Address					
	City/State/Zip					
	Primary Contact Nam	ie				
	Title					
	Direct Phone					
	Main Phone					
	Fax					
	Email					
	Check all that apply:	oper	n shop	□union - local aff	filiation:	
		wom	nan-owned sho	p minority-owned	d shop	
AUT	ograph					
	Authorization: by sign	ing belo	ow, you grant Pl	M and it's affiliates p	ermission to fax or er	nail
	correspondence to ou	r firm's	representatives			
	Please Print Name _					
	Signature					
	Date					
	Title					
ΡΔΥΛ	ment options					
	Check is enclosed		□ Please char	rge my card		
	Please send invoice			-	·Card 🗌 American E	vnress
	J Flease sella li Ivoice				Card American L	·
			·			
	Signature					
	☐ Use billing address listed below					
			_			
			CIL	y, State, LiP		



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

In-Plant Member Information

COMPANY CONTACTS

TITLE	NAME	EMAIL	
CEO			
	_		
Press Supervisor _			
Shipping Supervise	or		
Labor Relations			
Puchasing			
Safety Coordinator			
Maintenance			
Other			
Other			
Other			