

Title ___

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

Educator Member Information

| ANN | ual Dues: \$40 | | | | | | |
|--------------|---|-------|---|----------------------------|---|--|--|
| | Education Levels taught Middle School Secondary/High School Post-Secondary/Technica Four Year University Other | | Curriculum: Sheetfed Offse Heatset Offse Non-Heatset G Flexography Digital/Variabl | t Offset | Copier Duplicator Art Design Website Design Electronic Prepress | ☐ Electronic Publishing ☐ Multi-Media ☐ Other: ☐ Bindery (list equip): | |
| | Other | | Die Cutting/E | | Photography | | |
| CONTACT INFO | | | | | | | |
| | Company Name | | | | | | |
| | Street Address | | | | | | |
| | City/State/Zip | | | | | | |
| | Primary Contact Name | | | | | | |
| | Title | | | | | | |
| | Direct Phone | | | | | | |
| | Main Phone — | | | | | | |
| | Fax | | | | | | |
| | Email | | | | | | |
| | Check all that apply: □ open shop | | | union - local affiliation: | | | |
| | | woman | -owned shop | minori | ty-owned shop | | |
| AUTOGRAPH | | | | | | | |
| | Authorization: by signing below, you grant PIM and it's affiliates permission to fax or email | | | | | | |
| | correspondence to our firm's representatives. | | | | | | |
| | Please Print Name | | | | | | |
| | Signature | | | | | | |
| | Date | | | | | | |



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EDUCATOR MEMBER INFORMATION

PAYMENT OPTIONS

| Name | | | | | |
|--|--|--|--|--|--|
| Title | | | | | |
| Company | | | | | |
| ☐ Check is enclosed ☐ Please send invoice | | | | | |
| ☐ Please charge my card Card Type: ☐ Visa ☐ Master Card ☐ American Express | | | | | |
| Card Number | | | | | |
| Expiration Date | | | | | |
| SignatureBilling Address : | | | | | |
| Street Address | | | | | |
| City/State/Zip | | | | | |