



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

# PRINT MEMBER INFORMATION

## ANNUAL DUES

Number of employees \_\_\_\_\_ Annual Sales \_\_\_\_\_

Which products/services do you provide?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bindery               | <input type="checkbox"/> Foil Stamping | <input type="checkbox"/> Packaging           |
| <input type="checkbox"/> Creative Design       | <input type="checkbox"/> Fulfillment   | <input type="checkbox"/> Screen              |
| <input type="checkbox"/> Data Processing       | <input type="checkbox"/> Gravure       | <input type="checkbox"/> Sheetfed Offset     |
| <input type="checkbox"/> Die Cutting/Embossing | <input type="checkbox"/> Labels        | <input type="checkbox"/> Heatset Web Offset  |
| <input type="checkbox"/> Digital               | <input type="checkbox"/> Large Format  | <input type="checkbox"/> Non-heat Web Offset |
| <input type="checkbox"/> Distribution          | <input type="checkbox"/> Letterpress   |  |
| <input type="checkbox"/> Flexography           | <input type="checkbox"/> Mailing       |  |

DUES BASED ON YOUR ANNUAL SALES		
FROM	TO	DUES
<input type="checkbox"/> 0	500,000	575
<input type="checkbox"/> 500,001	750,000	850
<input type="checkbox"/> 750,001	1.5 M	1,000
<input type="checkbox"/> 1.5 M	3 M	2,000
<input type="checkbox"/> 3 M	5 M	3,000
<input type="checkbox"/> 5 M	10 M	4,000
<input type="checkbox"/> 10 M	15 M	5,000
<input type="checkbox"/> 15 M	20 M	6,000
<input type="checkbox"/> 20 M	30 M	7,000
<input type="checkbox"/> 30 M	50 M	8,000
<input type="checkbox"/> 50 M	75 M	9,000
<input type="checkbox"/> 75 M	100 M	11,000
<input type="checkbox"/> OVER	100 M	15,000

## 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  minority-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 \_\_\_\_\_

Title \_\_\_\_\_

## PAYMENT OPTIONS

Check is enclosed

Please charge my card

Please send invoice

Card Type:  Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing address is the same as listed about

Use billing address listed below

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_



● p. 612.400.6200  
 ● Broadway Place West  
 ● 1300 Godward St NE  
 ● Suite 2650  
 ● Mpls, Mn 55413  
 ● [www.pimw.org](http://www.pimw.org)

# PRINT MEMBER INFORMATION

## COMPANY CONTACTS

TITLE	NAME	EMAIL
CEO _____	_____	_____
CFO _____	_____	_____
Accounting Manager _____	_____	_____
Estimator _____	_____	_____
Customer Service _____	_____	_____
Sales Manager _____	_____	_____
HR Manager _____	_____	_____
Office Manager _____	_____	_____
General Manager _____	_____	_____
Production Manager _____	_____	_____
Prepress Manager _____	_____	_____
Press Supervisor _____	_____	_____
Bindery Supervisor _____	_____	_____
Shipping Supervisor _____	_____	_____
Labor Relations _____	_____	_____
Marketing Manager _____	_____	_____
Training _____	_____	_____
Puchasing _____	_____	_____
Environmental _____	_____	_____
Safety Coordinator _____	_____	_____
Maintenance _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____