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Submit to pim@pimw.org

ASSOCIATE (SUPPLIER) MEMBERSHIP APPLICATION

Choose Your Company Size and Annual Dues		
# of COMPANY/ DEPARTMENT EMPLOYEES		PIM DUES
FROM	TO	ANNUAL
1	2	\$450
3	10	\$850
11	30	\$1275
30+		\$1590

Company

Company Name _____
 Street Address _____
 City/State/Zip _____
 Main Phone _____
 Website _____
 Fax _____

Contacts

1) Primary Name _____
 Title _____
 Direct Phone _____
 Email _____
 2) Adtl. Name _____
 Title _____
 Direct Phone _____
 Email _____
 3) Adtl. Name _____
 Title _____
 Direct Phone _____
 Email _____

Payment AMOUNT _____

Name _____
 Title _____
 Company _____
 Check is enclosed Please send invoice Charge my card
 Card Type: Visa Master Card American Express
 Card Number _____
 Expiration Date _____
 Billing Address _____
 City/State/Zip _____

<input checked="" type="checkbox"/> Primary Business Type
Adhesive Supplier
Color Management & Workflow
Consulting Services
Bindery/Finishing Supplies
Data and IT Services
Financial Services
Employment/HR Services
Energy Services
Ink Supplier
Insurance Services
Legal Services
Mailing/Postal Supplies
Marketing/Customer Management
Packaging Equipment & Supply
Paper Supplier
Prepress/Proofing Supplies
Printing Equipment & Services
Printing Supplies
Recycling/Waste Management
OTHER:

Signature _____ Date _____