



p. 612.400.6200
 8085 Wayzata Blvd.
 Suite 101A
 Golden Valley, MN 55426
www.pimw.org

EDUCATOR MEMBER INFORMATION

ANNUAL DUES: \$40

Education Levels taught:

- Middle School
- Secondary/High School
- Post-Secondary/Technical
- Four Year Univeristy
- Other

Curriculum:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sheetfed Offset | <input type="checkbox"/> Copier | <input type="checkbox"/> Electronic Publishing |
| <input type="checkbox"/> Heatset Offset | <input type="checkbox"/> Duplicator | <input type="checkbox"/> Multi-Media |
| <input type="checkbox"/> Non-Heatset Offset | <input type="checkbox"/> Art Design | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Flexography | <input type="checkbox"/> Website Design | <input type="checkbox"/> Bindery (list equip): _____ |
| <input type="checkbox"/> Digital/Variable | <input type="checkbox"/> Electronic Prepress | _____ |
| <input type="checkbox"/> Die Cutting/Embossing | <input type="checkbox"/> 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 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 _____

EDUCATOR MEMBER INFORMATION

PAYMENT OPTIONS

Name _____

Title _____

Company _____

Check is enclosed Please send invoice

Please charge my card

Card Type: Visa MasterCard American Express

Card Number _____

Expiration Date _____

Signature _____

Billing Address :

Street Address _____

City/State/Zip _____