

# PIM MEMBERSHIP APPLICATION

## Associate (Supplier) Member

**SUBMIT APPLICATION TO:** [membership@pimw.org](mailto:membership@pimw.org)

Please complete Printing Industry Midwest's (PIM) entire membership application and email completed form to [membership@pimw.org](mailto:membership@pimw.org).

### FIND YOUR DUES PAYMENT:

PIM membership dues are based on number of employees at your organization. Mark the line that fits your organization. Your payments are due annually.

	# OF EMPLOYEES		DUES
	FROM	TO	ANNUAL
	1	2	\$450
	3	10	\$850
	11	30	\$1,275
	30+		\$1,590

### SERVICES YOU PROVIDE:

Please mark all that apply to your organization.

<input type="checkbox"/>	Adhesive Supplier
<input type="checkbox"/>	Color Management & Workflow
<input type="checkbox"/>	Consulting Services
<input type="checkbox"/>	Bindery & Finishing Supplies
<input type="checkbox"/>	Data & IT Services
<input type="checkbox"/>	Financial Services
<input type="checkbox"/>	Employment & HR Services
<input type="checkbox"/>	Energy Services
<input type="checkbox"/>	Ink Supplier
<input type="checkbox"/>	Insurance Services
<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Mailing & Postal Supplies
<input type="checkbox"/>	Marketing & Customer Management
<input type="checkbox"/>	Packaging Equipment & Supply
<input type="checkbox"/>	Printing Equipment & Services
<input type="checkbox"/>	Printing Supplies
<input type="checkbox"/>	Recycling & Waste Management
<input type="checkbox"/>	Other:

### COMPANY INFO:

Company Name: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Company Website: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### LIST 3 REASON WHY YOU JOINED PIM:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### HOW DID YOU HEAR ABOUT PIM?

- ☐ Search Engines
 ☐ Event or Webinar
 ☐ Word of Mouth
 ☐ Social Media (
 ☐ LinkedIn
 ☐ Facebook
 ☐ Twitter
 )
 ☐ Other

### PAYMENT OPTIONS:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

#### Payment Preference:

- ☐ Check is enclosed
 ☐ Send an invoice
 ☐ Charge card

If you chose "Charge Card," please complete the following:

Card Type: ☐ Visa ☐ Master Card ☐ American Express

Name on Card: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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### MAIN CONTACT INFO:

The main contact is the person who will receive all Printing Industry Midwest's (PIM) emails, updates, news, resources and services. This person is responsible for passing along and sharing PIM's resources with the rest of your organization. Sometimes PIM will only reach out or share news with just this person.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ADDITIONAL CONTACT INFO:

If you have additional contacts you want to PIM to connect with, please list them below. It is helpful to have multiple contacts in case someone leaves or is busy. We strongly suggest to list one person from each department. You can list more at a later date, PIM will ask you during the onboarding process.

#### PRESIDENT / CEO / OWNER:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### HUMAN RESOURCES:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### MARKETING / SALES:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### OTHER:

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### AGREEMENT TO JOIN:

We understand our organization membership will be automatically renewed unless terminated in writing by either party.

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_