

PIM MEMBERSHIP APPLICATION In-Plant Member

SUBMIT APPLICATION TO: membership@pimw.org

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

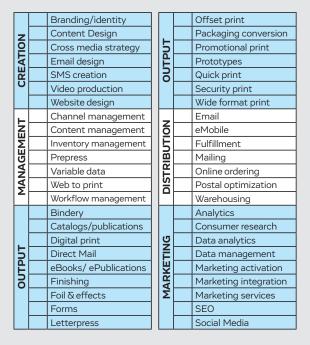
FIND YOUR DUES PAYMENT:

PIM dues are based annual sales. Mark the line that fits your organization. You can make monthly or annual payments.

# OF EMPLOYEES		DUES	DUES
FROM	то	ANNUAL	MONTHLY
1	10	\$870	\$72.50
11	50	\$2,550	\$212.50
50+		\$3,975	\$331.25

SERVICES YOU PROVIDE:

Please mark all that apply to your organization.



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	 	 	
7			

HOW DID YOU HEAR ABOUT PIM?

Search Engines	E	ivent or Webinar		
 Social Media (□Lin	kedIr	n □Facebook □Tv	witter))

	Other
	Other

Word of Mouth

PAYMENT OPTIONS:

Name:Email:Email:	
Billing Address:	
Payment Preference:	
If you chose "Charge Card," please complete the following:	
Card Type: Visa Master Card American Express	
Name on Card:	
Card Number: Security Code:	
Continue this application on page 2 >>	
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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:
ENVIRONMENTAL HEALTH & SAFETY / PRODUC	CTION:
Contact Name:	Title:
Email:	_ Phone Number:
HUMAN RESOURCES:	
Contact Name:	Title:
Email:	_ Phone Number:
MARKETING / SALES:	
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:

