



Printing Industry of Minnesota, Inc.

New Member Information

Membership Type: **Printer/Manufacturer of Printed Materials**

1 Tell us about your company:

Number of employees in MN: _____ Annual Print Sales: \$_____ (dues based on annual print sales)

Contact: Lola Faufau for dues amount at lfaufau@pimn.org or 651.789-5504

- | | | |
|-------------------------------------------------|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Sheetfed Offset | <input type="checkbox"/> Screen Digital | <input type="checkbox"/> Color Separation |
| <input type="checkbox"/> Heatset Web Offset | <input type="checkbox"/> Variable | <input type="checkbox"/> Bindery |
| <input type="checkbox"/> Non-heatset Web Offset | <input type="checkbox"/> Quick | <input type="checkbox"/> Die Cutting/Embossing |
| <input type="checkbox"/> Flexography | <input type="checkbox"/> Letterpress | <input type="checkbox"/> Foil Stamping |
| <input type="checkbox"/> Gravure | <input type="checkbox"/> Prepress | <input type="checkbox"/> Other _____ |

2 Fill in your company contact information:

Company Name _____

Street Address _____

City/State/Zip _____

Name of Primary Contact _____ Title _____

Direct Phone (____) _____ - _____ Fax (____) _____ - _____

E-mail _____ Main Phone (____) _____ - _____

- | | |
|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Open Shop | <input type="checkbox"/> Union - Local Affiliation: _____ |
| <input type="checkbox"/> Woman-Owned Business | <input type="checkbox"/> Minority-Owned Business |

3 Authorize your membership with your signature: By signing below you grant PIM and its affiliates permission to fax or e-mail correspondence to our firm's representatives.

Please print name _____ Date _____

Signature _____ Title _____

- Check is enclosed
 Please send invoice

Contact

Lola Faufau
 Director of Membership & Public Relations
 Printing Industry of Minnesota, Inc.
 1700 Hwy 36 W, Suite 510
 Rosedale Towers
 Roseville, MN 55113
 lfaufau@pimn.org 651.789.5504

<input type="checkbox"/> Please charge my: <input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard Card Number _____ Expires: _____ Signature _____

www.pimn.org

Company Contacts

Title	Name	Email Address
CEO		@
CFO		
Accounting Mgr		
Estimator		
Customer Service		
Sales Manager		
HR Manager		
Office Manager		
General Manager		
Production Manager		
Prepress Supervisor		
Press Supervisor		
Bindery Supervisory		
Shipping Supervisor		
Labor Relations		
Marketing Manager		
Training		
Purchasing		
Environmental		
Safety Coordinator		
Maintenance		
Other		
Other		
Other		

