



New Member Information

Membership Type: **Associate Member/Supplier**

1 Determine your Annual Dues:

Number of employees: ___ 1-10 \$850 ___ 11-30 \$1275 ___ 30+ \$1590

Describe your business: _____

Supplier Print Broker Other _____
 Dealer Consultant

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 (____) _____ - _____

Open Shop Union - Local Affiliation: _____
 Woman-Owned Business 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 Midwest
1700 Hwy 36 W, Suite 510
Rosedale Towers
Roseville, MN 55113
lfaufau@pimn.org 651.789.5504
Fax: 651.789.5520

<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		

