



# New Member Information

Membership Type: **In-Plant Print Shop**

## 1 Determine your Annual Dues:

Number of employees at your print shop: \_\_\_\_\_ 1-5 \$650 \_\_\_\_\_ 6-10 \$875  
\_\_\_\_\_ 11-20 \$1690 \_\_\_\_\_ 21-50 \$2850 \_\_\_\_\_ 51+ \$3975

Describe your business: \_\_\_\_\_  
\_\_\_\_\_

## 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

Please charge my:  
 Visa or  MasterCard  
Card Number \_\_\_\_\_  
Expires: \_\_\_\_\_  
Signature \_\_\_\_\_

## 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

[www.pimn.org](http://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		

