



Member Application

INSTRUCTIONS:

1. FILL IN THE INFORMATION BELOW
2. RETURN WITH PAYMENT TO:
 CPPA - 2905 SOUTH KETTERMAN ROAD, OAK GROVE, MO 64075
 OR EMAIL: ADMIN@PPAM.ORG
3. ALL MEMBERSHIPS RENEW JAN 1 EACH YEAR
4. YOU WILL RECEIVE AN EMAIL RECEIPT AND LOG-IN INSTRUCTIONS TO BE SURE YOUR ACCOUNT LISTING IS COMPLETE

MEMBER COMPANY _____

CONTACT NAME _____

EMAIL _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEB ADDRESS _____ PPAI # _____ ASI # _____ UPIC _____ SAGE _____

LINES CARRIED : _____

SELECT MEMBERSHIP LEVEL		ANNUAL COST
_____	DISTRIBUTOR MEMBER (1-3 EMPLOYEES)	\$50
_____	DISTRIBUTOR MEMBER (4+ EMPLOYEES)	\$100
_____	SUPPLIER MEMBER (1-10 EMPLOYEES)	\$175
_____	MULTI-LINE MEMBER (1-10 EMPLOYEES)	\$175
_____	BUSINESS SERVICES MEMBER (1-10 EMPLOYEES)	\$175

OPTION 1: PAY BY CHECK
 PAYABLE TO: PPAMIDWEST
 MAIL TO: PPAMIDWEST, 2905 SOUTH KETTERMAN ROAD, OAK GROVE, MO 64075

OPTION 2: PAY VIA CC - MAIL OR EMAIL TO ADMIN@PPAM.ORG

CARD NUMBER _____ EXP DATE _____

CVC CODE _____ CARD HOLDER NAME _____

BILLING ADDRESS _____

PHONE _____

ARE YOU INTERESTED IN SERVING ON A PPAMIDWEST COMMITTEE? YES _____ NO _____