



# Member Application

## INSTRUCTIONS:

1. FILL IN THE INFORMATION BELOW
2. RETURN WITH PAYMENT TO:  
PPAMIDWEST, 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 EMPLOYEE)           | \$50        |  |
| _____                   | DISTRIBUTOR MEMBER (2 - 4 EMPLOYEES)      | \$100       |  |
| _____                   | DISTRIBUTOR MEMBER (5+ EMPLOYEES)         | \$150       |  |
| _____                   | 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 NUMEBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

CVC CODE \_\_\_\_\_ CARD HOLDER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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