



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 (1-3 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 NUMEBER _____ EXP DATE _____

CVC CODE _____ CARD HOLDER NAME _____

BILLING ADDRESS _____

PHONE _____

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