



# Member Invoice

Membership Renewal Invoice

DUES 2023

**INSTRUCTIONS:**

1. FILL IN THE INFORMATION BELOW

2. RETURN BY ONE OF THE FOLLOWING OPTIONS:

MAIL WITH PAYMENT TO: PPAMIDWEST, 2905 SOUTH KETTERMAN RD, OAK GROVE, MO 64075

OR SCAN AND EMAIL WITH PAYMENT INFO TO: ADMIN@PPAM.ORG

MEMBER COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

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 RD, OAK GROVE, MO 64075

**OPTION 2: PAY VIA CC - MAIL TO ABOVE ADDRESS; OR SCAN AND EMAIL TO: ADMIN@PPAM.ORG**

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

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

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

PHONE \_\_\_\_\_

WOULD YOU LIKE TO ENABLE RECURRING BILLING? YES \_\_\_\_\_ NO \_\_\_\_\_

*Thank you for your continued support!*