



Member Invoice

Membership Renewal Invoice

DUES 2024

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 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 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!