

For Office Use Only:

Join Date: ____ / ____ / ____

PIA Member#: _____

Chapter: _____

► website: www.piamidam.org • industry portal: www.printing.org

COMPANY INFORMATION

Company Name		Company Start Date	
Location Address:	Street	Mailing Address:	Street
City		City	
State	Zip Code:	State	Zip Code:
Web Address			
Key Contact:	Prefix	First Name:	Last Name: MI:
Phone:	Fax:	E-Mail:	

My firm hereby applies for membership in the Printing & Imaging Association of MidAmerica and Printing Industries of America. We agree to support the purpose of the Association and will abide by its policies as determined by the Board of Directors. I also understand that by providing the fax number(s) above, I am giving permission to receive faxes sent by or on behalf of Printing & Imaging Association of MidAmerica (PIA-MidAmerica); The Nolan Moore Memorial Education Foundation; and Printing Industries of America. Membership shall continue until I give 30 days written notice prior to the date of ending this membership. I certify that the information is correct.

Signature

Job Title

COMPANY PROFILE

Please indicate your company's predominant business classification:

- | | | |
|--|--|--|
| <input type="checkbox"/> Design | <input type="checkbox"/> Electronic Media/Internet | <input type="checkbox"/> Prepress |
| <input type="checkbox"/> Commercial Printer | <input type="checkbox"/> Publication Printer | <input type="checkbox"/> Flexo, Label Printer |
| <input type="checkbox"/> Screen Printer | <input type="checkbox"/> Digital Printer | <input type="checkbox"/> Packaging Printer |
| <input type="checkbox"/> Business Printer | <input type="checkbox"/> Specialty Products | <input type="checkbox"/> Bindery and Finishing |
| <input type="checkbox"/> Mailing, Delivery & Fulfillment | <input type="checkbox"/> Industry Resource | <input type="checkbox"/> Industry Supplier |
| <input type="checkbox"/> Print Broker | <input type="checkbox"/> InPlant Printer | <input type="checkbox"/> School |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Print Buyer | <input type="checkbox"/> Publisher |

MEMBERSHIP DUES

ANNUAL SALES VOLUME (Last Fiscal Year)		PLEASE BILL: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
TOTAL NUMBER OF FULL-TIME EMPLOYEES		
DUES (See Dues Schedule)		

PRINTING & IMAGING ASSOCIATION OF MID AMERICA

Serving Kansas, Western Missouri, Oklahoma, and Texas Region

HEADQUARTERS OFFICE

1349 Empire Central, Ste. 220
Dallas, Texas 75247-3726
214-630-8871 or 800-788-2040
Fax: 214-688-1767 or 800-600-8055

KANSAS/MISSOURI OFFICE

PO Box 10530
Kansas City, MO 64188-0530
816-421-7678
Fax: 816-421-7679

SUPPLEMENTAL DATA

So that we can provide a broad range of information and services to your company, it will be extremely beneficial to have more than one point of contact. Please provide the **NAMES and E-MAIL ADDRESSES** of individuals you think will find benefit from your company's membership with PIA MidAmerica.

ADDITIONAL COMPANY CONTACTS

Name _____ E-mail _____
Administrative/Financial Manager

Name _____ E-mail _____
Chief Operating Officer (if not Key Contact)

Name _____ E-mail _____
Environmental/Safety Manager

Name _____ E-mail _____
Human Resources Manager

Name _____ E-mail _____
Information Technology Manager

Name _____ E-mail _____
Prepress/Premedia Manager

Name _____ E-mail _____
Sales/Marketing Manager

COMPANY DESCRIPTION

Please tell us a little bit about the unique offerings of your company. This information will be used in PrintAccess, the Association's online Buyer's Guide.

Here's an example: *XYZ Printing is a full-service commercial shop, serving the Fort Worth area for over 15 years. The company provides a wide-range of services from business cards to brochures. With state-of-the-art multi-color printing technology combined with our knowledgeable staff, we regularly handle projects for many of our corporate and advertising agency clients.*
