

Membership Application

For Office Use Only:							
Join Date: / /							
PIA Member#:							
Chapter:							

COMPANY INFORMATION	l				
Company Name				Date Compan	y Established
Location Street Address:		Mailing Street Address:			
City		City			
State Zi	p Code:	State		Zip Cod	e:
Web Address					
Key Prefix Contact:	Last Name:		First Na	ame:	MI:
Phone:	Fax:	E-	-Mail:		
and will abide by its policies as determined by the B on behalf of Printing & Imaging Association of MidA continue until I give 30 days written notice prior to t	merica (PIA-MidAmerica); The N	Iolan Moore Memorial Educa	tion Foundation; fition is correct.	l am giving permissi Printing Industries o	ion to receive faxes sent by o of America. Membership shai
COMPANY PRIMARY CLA	SSIFICATION				
Please indicate your company's p	oredominant busines	ss classification:			
☐ Converter/Label/Wrapper	Packaging	g Printing			
☐ Education	☐ Print Brok	er		Other	
□ Graphic Finishing□ Inplant	PrinterProfession	nal Business Service	es		
MEMBERSHIP DUES					
ANNUAL SALES VOLUME (Last	Fiscal Year)			PLEAS	SE BILL:
TOTAL NUMBER OF FULL-TIME	EMPLOYEES				☐ Monthly
DUES (See Dues Schedule)					☐ Quarterly ☐ Appually

PRINTING & IMAGING ASSOCIATION OF MID AMERICA

Serving Kansas, Western Missouri, Oklahoma, and Texas Region

HEADQUARTERS OFFICE

5720 LBJ Freeway Suite 655 Dallas, TX 75240 214-630-8871 or 800-788-2040

Fax: 214-688-1767 or 800-600-8055 www.piamidam.org KANSAS/MISSOURI OFFICE P.O. Box 901295

Kansas City, MO 64190 816-421-7678

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.

AD	DITIONAL COMPANY CONTA	CTS			
Name Administrative/Financial Manager			E-mail		
	_				
Na	meef Operating Officer (if not Key Contact)		E-mail		
Cnie	er Operating Officer (if not key Contact)				
Name			E-mail		
Envi	ironmental/Safety Manager				
Name		E-mail			
Hun	nan Resources Manager				
Nai	me		E-mail		
	rmation Technology Manager				
Nai	me		E-mail		
	press/Premedia Manager				
CO	MPANY DESCRIPTION				
Ple	ase tell us a little bit about the unic	iue of	ferings of your company. This info	rmatio	on will be used in PrintAcess, the
	ociation's online Buyer's Guide.	14001	icinigs of your company. This into	iiiaci	on will be used in third teess, the
tecl adv	hnology combined with our knowled vertising agency clients.	lgeab	om business cards to brochures. With	for ma	nny of our corporate and
	MPANY SUBCLASSIFICATION Book Printer Business Forms Consulting		Check all that apply. Ink Manufacturer Loose-leaf Magazine Printer	0	Quick Printer Repair/Rigging Screen
	Direct Mail		Mailing Services		Signs/Signage
	Financial Institution		Marketing/Advertising Agency		Specialty
	Financial/Legal		Media		Tag/Ticket/Tape
	Finishing Services		Newspaper Printing		Trade Binding
	General Commercial		Paper Supplier/Manufacturer		Trade Printer
	Graphic Design		Prepress/Premedia		
	Greeting Card		Press Manufacturer		