

## Membership Application

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

COMPANY INFORMATION									
Company Name				Date Co	mpany Established				
Location Street Address:		Mailing Street Address:							
City		City							
State Zip	Code:	State		Zip	Code:				
Web Address									
Key Prefix Contact:	Last Name:		First N	Name:	MI:				
Phone:	Fax:	E-N	Mail:						
My firm hereby applies for membership in the Printin and will abide by its policies as determined by the Bo on behalf of Printing & Imaging Association of MidAr continue until I give 30 days written notice prior to th	nerica (PIA-MidAmerica);  The No	olan Moore Memorial Educatio	on Foundation on is correct.	e, I am giving j ; Printing Indu	permission to receive faxes sent by or ustries of America. Membership shall				
COMPANY PRIMARY CLAS	SIFICATION								
Please indicate your company's p	redominant busines	s classification:							
☐ Converter/Label/Wrapper	Packaging	Printing			ſ				
☐ Education	☐ Print Broke	er		Other					
☐ Graphic Finishing	☐ Printer ☐ Profession	al Dusimass Campinas							
☐ Inplant	□ Profession	al Business Services	•						
MEMBERSHIP DUES									
ANNUAL SALES VOLUME (Last F	iscal Year)			P	PLEASE BILL:				
TOTAL NUMBER OF FULL-TIME E				<ul><li>Monthly</li><li>Quarterly</li></ul>					
DUES (See Dues Schedule)					☐ Quarterly ☐ Annually				

## PRINTING & IMAGING ASSOCIATION OF MID AMERICA

Serving Kansas, Western Missouri, Oklahoma, and Texas Region

## **HEADQUARTERS OFFICE**

1349 Empire Central Drive, Suite 220 Dallas, TX 75247 214-630-8871 or 800-788-2040 Fax: 214-688-1767 or 800-600-8055 www.piamidam.org KANSAS/MISSOURI OFFICE P.O. Box 30099

Kansas City, MO 64112 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					
Name Chief Operating Officer (if not Key Contact)			E-mail	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					