

Membership Application

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

	CC	OMPANY INFORMATION								
	Com	pany Name		Date Company Established						
	Loca Add	ation Street ress:		Mailing Street Address:						
	City			City						
	State	e Zip Co		State		2	Zip Code:			
	Web	Address								
	Key Prefix Last Name:				First 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 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 faxe on behalf of Printing & Imaging Association of MidAmerica (PIA-MidAmerica); The Nolan Moore Memorial Education Foundation; Printing Industries of America. Memb 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			Date		
		OMPANY PRIMARY CLASS								
	Ple	ase indicate your company's pred	domin	ant business cl	assification:					
		Converter/Label/Wrapper		Packaging Pr	inting					
		Education		Print Manage	ement Firms		Other			
		Graphic Finishing		Printer						
		Inplant		Professional I	Business Services					
	M	EMBERSHIP DUES								
ANNUAL SALES VOLUME (Last Fiscal Year)				ar)				PLEASE	BILL:	
	TO	TAL NUMBER OF FULL-TIME EM	EES					■ Monthly■ Quarterly		
	DU	ES (See Dues Schedule)						☐ Annually		

PRINTING & IMAGING ASSOCIATION OF MIDAMERICA

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 118 N. Conistor Lane

118 N. Conistor Lane Suite B 168 Liberty, MO 64068 816-774-4146

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 CONTAC	CTS						
	meninistrative/Financial Manager		E-mail					
Na Chie	me ef Operating Officer (if not Key Contact)		E-mail					
Na Envi	meironmental/Safety Manager		E-mail	E-mail				
Na Hun	me nan Resources Manager		E-mail	E-mail				
	me rmation Technology Manager		E-mail					
	me press/Premedia Manager		E-mail					
CC	MPANY DESCRIPTION							
Ple	ase tell us a little bit about the uniq	ue of	ferings of your company. This info	rmatio	on will be used in PrintAcess, the			
Ass	ociation's online Buyer's Guide. (ww	vw.pr	intaccess.com)					
teci	npany provides a wide-range of servi hnology combined with our knowled vertising agency clients.	geabl		for ma	any of our corporate and			
CC	MPANY SUBCLASSIFICATION(Eheck all that apply.					
	Book Printer		Ink Manufacturer		Quick Printer			
	Business Forms		Loose-leaf		Repair/Rigging			
	Consulting		Magazine Printer		Screen			
	Digital		Mailing Services		Signs/Signage			
	Direct Mail		Marketing/Advertising Agency		Specialty			
	Financial Institution		Media		Tag/Ticket/Tape			
	Financial/Legal		Newspaper Printing		Trade Binding			
	Finishing Services		Paper Supplier/Manufacturer		Trade Printer			
	General Commercial		POP		Wide Format			
	Graphic Design		Prepress/Premedia		Other			
	Greeting Card		Press Manufacturer					