



## MEMBERSHIP RENEWAL

COMPANY:  
PRIMARY CONTACT:  
ADDRESS:  
CITY: STATE: ZIP:  
OFFICE PHONE:  
OFFICE FAX:  
GENERAL EMAIL:  
WEBSITE:  
FACEBOOK:  
TWITTER:

LINKED IN:  
SAGE NUMBER:  
PPAI NUMBER:  
UPIC:  
ASI NUMBER:

### MEMBERSHIP DUES:

- |   |              |
|---|--------------|
| <input type="checkbox"/> Business Services Annual Dues            | <b>\$150</b> |
| <input type="checkbox"/> Supplier Annual Dues                     | <b>\$150</b> |
| <input type="checkbox"/> Supplier Rep Annual Dues                 | <b>\$150</b> |
| <input type="checkbox"/> Distributor (1-5 Sales Representatives)  | <b>\$135</b> |
| <input type="checkbox"/> Distributor (6-11 Sales Representatives) | <b>\$160</b> |
| <input type="checkbox"/> Distributor (12+ Sales Representatives)  | <b>\$185</b> |

### PAYMENT INFORMATION:

Check enclosed     Visa     MasterCard     American Express

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name as it appears: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:** PPAMS, P.O. Box 290961, Nashville, TN 37229-0961

**FAX TO:** 931-695-5441

**EMAIL TO:** mark@ppams.com