



MEMBERSHIP APPLICATION

1. Tell us about your company:

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Main Contact: _____ Title: _____

Office Phone: _____ Fax: _____

E-Mail: _____ Website: _____

2. Identify your qualifications:

(PPAMS members must have a UPIC identifier, be a member of PPAI, a subscriber to ASI or SAGE, or must submit five letters of recommendation from other current PPAMS members)

UPIC: _____ ASI#: _____ PPAI#: _____ SAGE#: _____ Five letters of recommendation attached

3. Mailing list information:

(Please provide the names of those at your company that should receive information from PPAMS)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

4. Terms of Membership:

As a member of PPAMS, your company will receive an incredible list of benefits... all for **around \$125 annually!** All PPAMS memberships run from January 1st through December 31st.

I certify the information herein is true and meets the PPAMS requirements for membership as noted above. I understand that all dues are for the calendar year and that paying mid-year does not constitute a rebate. I hereby give permission to PPAMS to obtain any and all necessary validation for membership. I also give permission to PPAMS to fax and email me regarding membership benefits, events and news. Payment for dues is enclosed. My check will be returned or refunded to me if membership is denied for any reason.

Signature: _____ Date: _____

5. Payment:

SUPPLIER DUES: \$150

SUPPLIER REP DUES: \$150

BUSINESS SERVICES DUES: \$150

DISTRIBUTOR DUES: \$135 (up to 5 sales reps); \$160 (6-11 sales reps); \$185 (12+ sales reps)

Payment Method:

Check Enclosed

Mastercard

Visa

American Express

Card Number: _____ Security Code: _____

Expiration Date: _____ Name on Card: _____

Address (where bill is mailed): _____

Signature: _____ Date: _____

For additional information, call 615-465-8109 or www.ppams.com

Mail or fax completed application and payment to:

PPAMS

P.O. Box 290961

Nashville, TN 37229-0961

931-695-5441 *fax*