

PPAW Membership Application

Applicant Information

Contact Name:

Title:

Company Name:

Check which applies: Distributor Supplier MultiLine Rep

Current Address:

City:

State, Zip:

Phone:

Website:

E-mail:

About Your Company

Number of years in
business:

SAGE #:

PPAI #:

ASI #:

If not a member of PPAI or a subscriber to ASI or Sage, please outline your relationship to the industry:

PLEASE ADD OTHER CONTACTS AT YOUR COMPANY THAT SHOULD RECEIVE PPAW COMMUNICATIONS

NAME

PHONE #

EMAIL

The annual dues are \$135.

Please fill out the form and submit with a check to the address below.

Applications are subject to the approval of the majority of the board of directors.

References may be requested.

PPAW (Promotional Products Association of Wisconsin)

PO Box 86 Okauchee, WI 53069

Phone: 920-319-3192 E-mail: info@ppaw.org

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Revised: 05/2015