



MiPPA Membership Application

Please complete this form and submit it for approval by email, fax or mail.

Or pay online at <http://www.mippa.org/membership.html>

Company Name: _____

Principal Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

List other names and email addresses of associates that you would like to receive MiPPA news and updates on a separate page.

Please list industry identifier for: (only one is needed to qualify)

PPAI _____ SAGE _____ UPIC _____ ASI _____

TYPE OF MEMBERSHIP

____ Supplier Member Company \$120.00 ____ Multi-Line Supplier Representative \$120.00

____ Business Services Member Company \$120.00

Distributor Member

____ 1-5 Sales Staff \$120.00

____ 6 - 10 Sales Staff \$140.00

____ 11 - 20 Sales Staff \$160.00

____ 21 + Sales Staff \$180.00

Payment Information:

Check # _____ Made Payable to MiPPA

Credit Card # _____ Exp. Date: _____ CCV _____

Name on Card: _____ Billing Zip Code: _____

Signature: _____

Michigan Promotional Professionals Association

P.O. Box 151520

Grand Rapids, MI 49515-1520

269-806-4489

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