



AZPPA MEMBERSHIP APPLICATION

Member Type: Distributor Supplier Manufacturer Rep.

Please print or type

Name: _____

Company Name: _____

Line Name (manufacturers and suppliers only): _____

Address: _____

City/State/Zip: _____

Telephone: _____

Facsimile: _____

Email: _____

Web Site: _____

Years in Industry: _____ PPAI # _____ ASI # _____

Referred to AzPPA by: _____

Additional Employee Names & Email for Distributor Membership Type:

Dues:

Distributors

Check appropriate category

- Company Size: 1-2 Employees \$100.00
- Company Size: 3-10 Employees \$150.00
- Company Size: 11-20 Employees \$200.00
- Company Size: 21 or more \$250.00

Suppliers and Manufacturer Reps \$100.00

AzPPA
7225 W. Oakland St.
Chandler, AZ 85226
480.889.1392
Fax: 480.858.1802
azppa@saminc.org

Payment Information

Enclosed is my check payable to AzPPA for
\$ _____, check # _____

Please charge my:

- Visa
 - MasterCard
 - American Express
- for \$ _____

Name on Card

Card Number

Expiration Date

Signature

For office use only: Received on: _____

Approved on: _____