

# PPAW MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Firm Name:

Distributor:

Supplier:

Supplier Rep:

Current address:

City:

State, Zip:

Website: WWW.

Phone:

Fax:

E-mail:

## ABOUT YOUR COMPANY

Number of years in business: 16

UPIC

PPAI No.

ASI No.

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

## REFERENCES

Please list 6 distributor firms that you have done business with and their phone numbers below.

## PPAW ACCEPTS MASTER CARD, VISA OR AMERICAN EXPRESS

There is a one time \$25 initiation fee – the annual dues are \$100.

( Circle One ) : V, MC, AE - Card Number:

Exp

Scy code

Name on Card

Address

**APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE MAJORITY OF THE BOARD OF DIRECTORS. BOARD MEETINGS ARE HELD MONTHLY.**

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Thank you