



Associate Membership Application

Company Name		
Company Address		
City	State	Zip
Company Phone	Company Fax	
Company Website		
Main Contact		
Main Contact Phone		
Main Contact E-mail		
Please list the products/services your company provides		

Please provide a list of people from your company who should receive information from PCI Midwest

Name	E-mail	Phone

Associate Membership Dues: \$750
 Make check payable to PCI Midwest.
 Mail payment and application to:
 PCI Midwest
 135 Luce Line Ridge
 Orono, MN 55359

E-mail a copy of your company's logo for use on the PCI Midwest website to: margaret@pcimidwest.org

Questions? Contact the PCI Midwest office at 952-806-9997

Name
Credit Card No.
Exp. Date
CVV No.
Billing Address Zip Code
Signature