



MEMBERSHIP APPLICATION

Your membership term is for 12 months, and based on your individual anniversary date

Member Type: Distributor _____ Supplier _____ Mfg. Rep. _____ Bus. Svcs. _____

Please print or type

Contact Person: _____

Company Name: _____

Line Name(s) (manufacturers and suppliers only): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Years in Industry: _____ PPAI # _____ SAGE # _____ ASI # _____

Referred to AzPPA by: _____ UPIC _____

Additional Employee Names & Emails (Attach additional sheet if necessary)

AzPPA membership fees are based on your individual anniversary date for a period of one year.

Dues Rates:

Distributors: Check appropriate category _____ Suppliers, Mfg Reps, Bus Svcs \$125.00/year

_____ 1 – 2 Employees, \$125.00 per year

_____ 3 – 10 Employees, \$175.00 per year

_____ 11 – 20 Employees, \$250.00 per year

_____ 21+ Employees, \$295.00 per year

Consult your tax advisor regarding the deductibility of dues. Dues may not be deducted as a charitable expense, but may possibly be deductible as a business expense.

Payment Information:

Check Number: _____ Amount \$ _____

Please charge my: VISA _____ MasterCard _____ American Express _____ for \$ _____

Name on Card: _____

Card Number: _____

(15 digit American Express or 16 digit Visa/MasterCard)

CVV Code: _____ Exp. Date: _____

Billing Address (if different than above)