

ORGANIZATION

Organization Name _____ Website _____

Description _____

Address _____

City _____ State _____ Zip _____ Telephone _____

What services does your company offer (check all that apply)?

Consulting/Professional Services

Marketing Agency Services

Technology Platform

Legal, Regulatory & Compliance

Research

Venture Capital/Investment

VOTING MEMBER

Please provide the name and title of the one individual who will be the official representative to PIMA, authorized to cast a vote on appropriate matters and serve as the communication link to the organization.

Name _____ Title _____

Phone _____ Email _____

ASSOCIATE MEMBERSHIP

In addition to the voting member, nine (9) other key personnel in your company may become non-voting associate members, eligible to participate in association activities at member rates. If not at the same address as the organization, please provide full contact information on additional page. (Please add additional personnel in the additional members section at the end of this application if needed.)

2. Name _____ Title _____ Email _____ Phone _____

3. Name _____ Title _____ Email _____ Phone _____

4. Name _____ Title _____ Email _____ Phone _____

5. Name _____ Title _____ Email _____ Phone _____

6. Name _____ Title _____ Email _____ Phone _____

7. Name _____ Title _____ Email _____ Phone _____

8. Name _____ Title _____ Email _____ Phone _____

9. Name _____ Title _____ Email _____ Phone _____

10. Name _____ Title _____ Email _____ Phone _____

LEGAL OFFICER

Who in your company has the chief responsibility for legal and regulatory matters?

Name _____ Title _____

ANNUAL DUES

Annual Dues (Calendar Year/Annual) \$ 1,750

TOTAL AMOUNT DUE \$ _____

PAYMENT METHOD

AMEX VISA MasterCard Check payable to PIMA

Card No. _____ Exp Date: _____

Signature: _____

Payment must accompany this form.
Mail with check payable to:
PIMA
35 E. Wacker Drive, Suite 850
Chicago, IL 60601
membership@pimainsights.org

ADDITIONAL MEMBERS - Add \$200 each for the eleventh (11th) and succeeding associates

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I understand that this application is subject to review by PIMA's Board of Directors and that PIMA reserves the right to determine acceptability. I certify that the above information is correct.

Our organization agrees to abide by PIMA's Code of Ethics.

Signature _____ Date _____

Print Name _____ Title _____