



Northern Illinois Postal Customer Council 2011 Membership Application

Contact Information:

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Website: _____

Representatives:*

Contact Name 1: _____

Phone/Ext: _____ Email: _____

Contact Name 2: _____

Phone/Ext: _____ Email: _____

Contact Name 3: _____

Phone/Ext: _____ Email: _____

Contact Name 4: _____

Phone/Ext: _____ Email: _____

*Please attached additional sheets if necessary

Industry Interests:

- | | |
|--|---|
| <input type="checkbox"/> Lettershop | <input type="checkbox"/> SOHO |
| <input type="checkbox"/> Printers | <input type="checkbox"/> International |
| <input type="checkbox"/> Nonprofit Orgs | <input type="checkbox"/> Periodical Mailers |
| <input type="checkbox"/> Ad Agencies/Graphic Artists/Direct Mail | <input type="checkbox"/> College/Universities |
| <input type="checkbox"/> Parcel Shippers | <input type="checkbox"/> Chambers of Commerce |
| | <input type="checkbox"/> Green Mail |

Payment Information:

- Supporting Members:
 - Individual membership – \$45.00
 - Corporate membership – \$125.00
(includes up to 4 individuals)
- General Membership – no charge
- Voluntary Contribution – \$ _____

Payment Options:

- Check
- Company Purchase Order
- Credit Card: VISA MasterCard

Total Amount Enclosed: \$ _____

Credit Card Info:

Number: _____

Exp. Date: ___ / ___

Signature: _____

Please make checks payable to:

NIPCC (Northern Illinois Postal Customer Council)
PO Box 87492
Carol Stream, IL 60188-7492