

# BECOME A MEMBER



## COMPANY INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

PRMA Member  Yes  No

Name of Company \_\_\_\_\_

Year Founded \_\_\_\_\_

Parent Company Address \_\_\_\_\_

Local Postal Address \_\_\_\_\_  
(If Different)

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_

Website Address \_\_\_\_\_

Celular \_\_\_\_\_

Email Address \_\_\_\_\_

## IMPORTANT INFORMATION

**\$180.00** - PRMA Members


**\$200.00** - Non Members

*Applications are subject to evaluation by PRMA officials*

*Membership authorizes the PRMA to send any information, advertisement or promotion to provided email address.*

## VOLUME DISCOUNT MEMBERSHIP FOR GROUPS

			PRMA Member	Non Member
1-4			180.00	200.00
5-9	5%		171.00	190.00
10-14	10%		162.00	180.00
15-19	15%		153.00	170.00
20+	20%		144.00	160.00

Form of Payment  Check    

You can send this membership via fax to (787) 641-2535 or to PO Box 195477, San Juan, P.R. 00909-5477

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Sec Code \_\_\_\_\_

Expiration date \_\_\_\_\_ Signature \_\_\_\_\_

## FOR PRMA USE ONLY

SIC No.: \_\_\_\_\_ Region No.: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Accounting: \_\_\_\_\_ Check No.: \_\_\_\_\_ IMIS ID: \_\_\_\_\_

Members: \_\_\_\_\_ Endorsed by: \_\_\_\_\_