

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

\$100.00- Individual*

\$75.00 - Students

Applications are subject to evaluation by PRMA officials

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

** This membership applies for currently unemployed individuals.*

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: _____