

P.A.I.D Membership Form

Professional Association for Industrial Distribution

NOTE: Do not turn in until membership paid for.

Date: ____/____/____

Name (please print clearly): _____

Email (please print clearly): _____

Phone Number: _____

Graduation Date (month/year): _____

Shirt Size (check one): S___ M___ L___ XL___ 2X___

Type of Membership: This Semester only (\$15) _____

*****Office Use Only*****

Officer Name: _____

Method of Payment (Circle & initial): Cash Check

TM