



PIBA Membership Application Form

Please Select Membership Type

Annual Rate

- | | | |
|---|--------------------|---------|
| <input type="checkbox"/> Individual | | \$195 |
| <input type="checkbox"/> Government, Education & Non-Profit | | \$395 |
| <input type="checkbox"/> Small Company | <50 Employees | \$750 |
| <input type="checkbox"/> Medium Company | 51-1,000 Employees | \$1,250 |
| <input type="checkbox"/> Large Company | >1,000 Employees | \$3,500 |

Contact Information

Name: _____

Title: _____

Company Name: _____

Business Address: _____

City/State/Zip: _____

Phone: _____

Email address: _____

Reason for joining PIBA: _____

If you are joining PIBA with a company membership, please list the names and email addresses of other employees to add to the PIBA membership roster & mailing list:

Payment Information:

- Check enclosed
- Purchase Order (invoice requested)
- Credit Card (please complete section below)

Card Type: American Express Discover MasterCard Visa

Credit Card Number: _____

Expiration Date: _____ CVV # _____

Name on Card (if different than above): _____

Signature: _____

Completed forms may be emailed, faxed or mailed to the PIBA office:

PO Box 1820, Los Gatos, CA 95031 ▪ piba@piba.org ▪ 408.337.0902 (ph) ▪ 408.521.9191 (fax)