



Professional Association of Import/Export Compliance Managers

614 Progress Street Elizabeth, NJ 07201 * Tel: (877) PACMAN8 * Fax: (201) 265 - 0071

Membership Application

Date _____

Name _____ Title _____
 Company _____
 Address _____
 Address(2) _____
 City _____ State _____ Zip _____
 Tel: _____ Fax: _____
 Email: _____

Job Description & Responsibilities

Tenure of time involved in global supply chain logistics and/or import/export compliance management

Annual Dues

Individual: \$395.00
 Renewal: \$395.00
 Corporate memberships available upon request

Payment Methods:

A. Check: Check enclosed for full amount of \$ _____ (Make all checks payable to PACMAN)

B. Credit Card: Type: _____ Acct. #: _____ Exp. Date: _____
 Charge full amount of \$: _____ to my credit card

Cardholder Name (Please print)

Cardholder Signature

Questions/Comments? Contact:

Tracy Lenok, at (877) PACMAN8
<mailto:twapacman@aol.com>

Mail completed application and check to:
 (email/fax credit card payments)
PACMAN
614 Progress Street
Elizabeth, NJ 07201