



3 Membership Levels to help you take your Law Firm wherever you want it to go...

	SILVER	GOLD	PLATINUM
Access to Member's Only Content	●	●	●
Seminar Admission	PILMMA Preferred Price	At Least 50% Off	FREE + 1 Guest
<i>Marketing Insider's Journal</i> Subscription	●	●	●
PILMMA Listserv	●	●	●
Vendor Discounts & Unique Business Opportunities	●	●	●
Monthly Newsletter on Management and Building a Better Practice	●	●	●
Tip of the Week email	●	●	●
Monthly Conference Call	Details on this NEW feature will be available soon to GOLD and PLATINUM Members		
Monthly Teleseminar w/ audio CD		●	●
3 Mastermind Meetings Per Year			●
Monthly detailed summaries on new Marketing and Management books			●
PRICE:	\$47/month	\$197/month	Annual Membership by Application Only. Email Info@PILMMA.org for more info.

Call 1-800-497-1890 OR email Info@PILMMA.org for any questions

PILMMA Membership Form



I, _____, would like to upgrade/enroll in the following PILMMA membership plan. I agree to pay the listed monthly membership price - unless I choose a ONE-YEAR SINGLE PAY OPTION. With an exception to the Platinum membership level, I understand that I may cancel my monthly membership at anytime. I understand that by selecting the monthly payment option, this is a recurring monthly charge that may be canceled at any time. I authorize the following charge(s).

SILVER MEMBERSHIP

- \$47 per month (Credit Card only)
- \$470 FOR ONE YEAR – 2 MONTHS FREE!

GOLD MEMBERSHIP

- \$197 per month (Credit Card only)
- \$1,970 FOR ONE YEAR – 2 MONTHS FREE!

Get Your Membership Discount to the Fall 2010 Marketing Summit in Las Vegas, NV - October 29th and 30th

SILVER MEMBERS: \$997 (BEFORE JUNE 1st), \$1,097 (AFTER)

GOLD MEMBERS: \$597 (BEFORE JUNE 1st), \$697 (AFTER)

“X” the box to have the appropriate charge applied

PLATINUM MEMBERSHIP: Please email Info@PILMMA.org for more information.

Addresses for membership material (Please fill out ALL fields):

SHIPPING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMAIL: _____ **FIRM NAME:** _____

I authorize the above charge(s) on the checked payment method below.

- Visa
- MasterCard
- American Express
- Personal Check (SINGLE PAY OPTION ONLY!)

Card # _____ **CVV Code:** _____ **Exp. Date:** _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE SHIPPING ADDRESS):

CITY: _____ **STATE:** _____ **ZIP:** _____

Signature: _____ **Date:** _____

Payments by check MUST be mailed, along with this form, to the following:

PILMMA, ATTN: Ken Hardison
607 Briarwood Dr., Suite 4
Myrtle Beach, SC 29572

Credit Card payments may be either faxed or mailed. FAX # 866-859-8126

All payments made are NON-refundable. PILMMA reserves the right to accept/reject or terminate participants without explanation at anytime without explanation or cause. Applicant acknowledges that no guarantees expressed or implied, concerning specific results to be achieved via participation were relied on in applicant's decision to participate. Participants also acknowledge that advice and information provided via PILMMA is not intended as or to be considered as substitute for legal, accounting or other, similar professional advice or services, and should such advice or services be appropriate, participant is advised to seek such advice or service from a professional.