

Des Moines Postal Customer Council Membership Form

Customer Name _____

Customer Title _____

Business
Name _____

Business
Address _____

City _____ State _____ Zip +4 _____

Office Phone # _____

Cell Phone # _____

Fax Phone # _____

Email Address _____

Web Site Address _____

Company's Core
Business / Industry _____

Company's Key
Products / Services _____

Primary reason for joining the dmpcc

Comments

Thank you for joining!