## 2015 MEMBERSHIP DIRECTORY Deadline: May 15th

|                                       | (SPECIAL) \$   | 375.00 <b>DIRECTOR</b>  | Y ON LINE SPO  | NSOR –                     |  |
|---------------------------------------|--|---|--|----------------------------|--|
| only one is av                        | ailable, and you   | u must also be an adv   | vertiser below, in   | addition. A                |  |
| logo or a logo                        | link to your sit   | te will be included alo   | ong with the web   | directory.                 |  |
|                                       | \$ 225.00*   | Full page   | 7 1/4" x 9 1/4"  |                            |  |
|                                       | \$ 175.00*   | Half page   | 3 1/2" x 9 1/4"  | Vertical                   |  |
| <del></del>                           | \$ 175.00*   | Half page   | 4 1/2" x 7 1/4"  | Horizontal                 |  |
| <del></del>                           | \$ 150.00*   | Quarter page  | 3 1/2" x 4 1/2"  | Vertical                   |  |
|                                       | \$ 150.00*   | Quarter page  | 2 1/4" x 7 1/4"  | Horizontal                 |  |
|                                       | \$ 100.00*   | One-eighth page   | 2 1/4" x 3 1/2"  |                            |  |
| Total due fron                        | ı above:   |   |  |                            |  |
| <b>BOLD</b> the text listing to stan  | kt of your<br>ad out <b>\$20.00</b>                        |   |  |                            |  |
|                                       | Total due:   |   |  |                            |  |
| UP *Prices required if p credit card. | above are disco<br>payment is by cred<br>Color copy is wel | email or C.D. in a PDF ounted to reflect paymedit card. Add an addition come and your ad will appeted black and white/grayson | ent by check Full onal 5% for full price opear in color on the I | price is<br>e if paying by |  |
| Name of firm:                         |  |   | Dat  | e:                         |  |
| Contact person                        | •  | Email address:  |  |                            |  |
| Payment: send che                     | eck or charge to cree                                      | dit card ( <i>circle</i> - American I   | Express, MasterCard, or  | r Visa)                    |  |
| Card Number:                          |  | Exp. Date   |  |                            |  |
| Signature:                            |  | Name on Card:   |  |                            |  |
| Billing address:                      | :  |   |  |                            |  |
| City•                                 |  | State•  | Zin code:  |                            |  |



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