

## MEMBERSHIP APPLICATION

### PAC membership fees

Please select the sector and category that your company falls under and then tick off the respective boxes.

### PAC NEXT membership fees

PAC NEXT is a new initiative for 2012. It is optional, with separate fees and exclusive to PAC members. The objective is to facilitate the convergence of ideas and identify sustainable solutions that lead to zero packaging waste. For more information please visit [www.pac.ca/index.php/pac/v5](http://www.pac.ca/index.php/pac/v5)

Sector	Category	PAC fees	PAC NEXT fees	Taxes
<b>Packaging companies:</b>	Level		<b>OPTIONAL</b>	
Buyers and sellers of packaging materials, structures, services and technologies. Fees based on sales or purchases (in millions).	E up to 2.5	<input type="radio"/> 830	<input type="radio"/> 415	Taxes included in final invoice
	D 2.5-10	<input type="radio"/> 1,750	<input type="radio"/> 875	
	C 10-50	<input type="radio"/> 2,600	<input type="radio"/> 1,300	
	B 50-150	<input type="radio"/> 4,500	<input type="radio"/> 2,250	
	A 150+	<input type="radio"/> 5,700	<input type="radio"/> 2,850	
<b>Professional services/other:</b>				
	S Students	<input type="radio"/> 200	<input type="radio"/> 100	
	I Individual (government & schools)	<input type="radio"/> 400	<input type="radio"/> 200	
	P Professional services members	<input type="radio"/> 1,000	<input type="radio"/> 500	
<b>Discarded packaging companies:</b>				
	M Discarded packaging management	<input type="radio"/> 2,500	<input type="radio"/> 1,250	

On behalf of (company name) \_\_\_\_\_,

I hereby apply for membership with PAC - The Packaging Association.

### Corporate member (voting member):

This individual will be the main representative for your company. All additional associate members are complimentary and must be employees of the corporate member company or one of its subsidiaries (See page 2).

Name: \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Division of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Which of the following best describes your organization?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic institution              | <input type="checkbox"/> Raw materials                     | <input type="checkbox"/> Packaging distributors/brokers |
| <input type="checkbox"/> Retail/quick service restaurants  | <input type="checkbox"/> Graphic/structural services       | <input type="checkbox"/> Government                     |
| <input type="checkbox"/> Consumer pkg. goods/contract pkg. | <input type="checkbox"/> Packaging equipment/machinery     | <input type="checkbox"/> Waste management               |
| <input type="checkbox"/> Packaging converter               | <input type="checkbox"/> Professional services/consultants | <input type="checkbox"/> Other (please indicate):       |

**All additional Associate Members are complimentary.**

We encourage you to submit more names. Please make a copy of this page and attach it to the end of this application or submit your own form with the details included.

**CEO MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**1ST ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**2ND ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**3RD ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**4TH ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**5TH ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(if different from information on previous page):*

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**ALL MEMBERSHIPS EXPIRE ON DECEMBER 31.**

**ACKNOWLEDGEMENT**

I, (name) \_\_\_\_\_ of (company name) \_\_\_\_\_  
certify that the information regarding our annual Canadian sales or purchases is correct and complete.

Date: \_\_\_\_\_