



2021 Membership Fees and Application Form

PAC MEMBERSHIP

Your membership entitles you to discounts on all PAC education, awards entries, events and programs. You will receive a first look at all news, announcements and other relevant packaging industry information.

MEMBERSHIP CATEGORIES

A, B, C, D, E	Fees based on sales or purchases. Buyers and sellers of packaging materials, services and technologies OR buyers, sellers, haulers and processors of discarded packaging materials
P	Professional services
I	Individual (government & company)
S	Schools/students/associations

Note: Taxes included in final invoice if applicable, please check off the category for your company.

CATEGORY (MILLIONS)

PAC MEMBERSHIP FEE

		CAD \$	USD \$
A	\$150+	<input type="radio"/> 9,975	<input type="radio"/> 8,480
B	\$50-150	<input type="radio"/> 8,140	<input type="radio"/> 6,920
C	\$10-50	<input type="radio"/> 4,725	<input type="radio"/> 4,015
D	\$2.5-10	<input type="radio"/> 3,195	<input type="radio"/> 2,715
E	up to 2.5	<input type="radio"/> 1,520	<input type="radio"/> 1,295
P	Professional services members	<input type="radio"/> 1,800	<input type="radio"/> 1,530
I	Individual (government & company)	<input type="radio"/> 730	<input type="radio"/> 620
S	Schools/students/associations	<input type="radio"/> Free	<input type="radio"/> Free



2021 Membership Fees and Application Form

On behalf of (*company name*) _____ ,
I hereby apply for membership with PAC Packaging Consortium (includes
PAC NEXT & PAC FOOD WASTE). The Corporate member 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.

Corporate member (*voting member*): _____

Job title: _____

Company: _____ **Division of:** _____

Address: _____

City: _____ **Province/State:** _____

Postal code/zip: _____ **Telephone:** _____

E-mail: _____ **Website:** _____

Select the option that best describes your organization

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

HST applicable - HST registration #107810822 QST applicable (including GST) in Quebec - QST registration #1006189284

15 Allstate Parkway, Suite 600, Markham, Ontario L3R 5B4
416.646.4640 labraham@pac.ca, www.pac.ca



2021 Membership Fees and Application Form

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: _____

Email: _____

(If different from information on previous page):

Address: _____

City: _____

Province/state: _____

Postal code/zip: _____

2ND ASSOCIATE MEMBER

Name: _____

Title: _____

Phone: _____ Ext: _____

Email: _____

(If different from information on previous page):

Address: _____

City: _____

Province/state: _____

Postal code/zip: _____

3RD ASSOCIATE MEMBER

Name: _____

Title: _____

Phone: _____ Ext: _____

Email: _____

(If different from information on previous page):

Address: _____

City: _____

Province/state: _____

Postal code/zip: _____

4TH ASSOCIATE MEMBER

Name: _____

Title: _____

Phone: _____ Ext: _____

Email: _____

(If different from information on previous page):

Address: _____

City: _____

Province/state: _____

Postal code/zip: _____

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.