**WPA Membership Form**

Please Fill Out Information and Return to WPA

**Select One Type of Membership (Regular or Associate) and Fill in Annual Dues Amount in Space Provided Below:**

\_\_\_\_ **REGULAR MEMBERSHIP (voting member)**

**Company Classification** *(check all that apply):*

\_\_\_\_ **Extruder, Converter, Molder, Product Distributor**

\_\_\_\_ **Recycler**

\_\_\_\_ **Resin Manufacturer/Material Supplier/Equipment Supplier**

\_\_\_\_ **Product Manufacturer**

\_\_\_\_ **Manufacturer’s Representative, Broker**

\_\_\_\_ **Printer, Laminator**

\_\_\_\_ **Other**

**Regular WPA Membership Fees Based on Sales:**

Annual sales up to $1 million ----------------------------------------------- $600

Annual sales from $1 million to $5 million ------------------------------- $800

Annual sales from $6 million to $10 million ----------------------------- $1,200

Annual sales from $11 million to $20 million --------------------------- $1,500

Annual sales from $21 million to $35 million --------------------------- $2,000

Annual sales from $36 million to $50 million --------------------------- $2,500

Annual sales from $50 million --------------------------------------------- $3,000

Annual sales over $100 million-------------------------------------------- $4,000

\_\_\_\_\_\_\_\_\_\_\_**Your Membership Dues Based on Sales Above (Fill in Amount)**

\_\_\_\_ **ASSOCIATE MEMBERSHIP (non-voting member)**

**Company Classification** *(check all that apply):*

\_\_\_\_**Service Provider**

\_\_\_\_**Other (**including retired individual previously active in CFECA or WPA)

**Associate WPA Membership Fee:**-------------------------------------- $950

**Contact Information (Please fill out for WPA Records)**

**Company Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BusinessAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_

Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a brief description of your company (products you offer, services provided, etc.):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Contact Information**

**Main Contact Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please add additional contact names and information from your company that will be receiving WPA Updates, Newsletters, Alerts: (Use back of page if necessary)**

**Additional Contact Names:**

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

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DUES PAYMENT**

**Payment Method:**

\_\_\_\_ **CHECK PAYMENT:** Make payment payable to: Western Plastics Association

**Mail to:** 1107 9th Street, Suite 930 Sacramento, CA 95814

\_\_\_\_ **CREDIT CARD PAYMENT:**

Exact Name as it appears on the card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMEX, Mastercard, Visa Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Kindly fax back all pages of this application to (916) 441-4211,or scan and email to info@westernplastics.org . If mailing your payment, attach check with both pages of this form and fax/email a copy of the check and your application before mailing to WPA 1107 9th Street***

***Suite 930, Sacramento, CA 95814***

*All information requested on this application form will be handled in the strictest confidence. Dues to WPA are not tax deductible as a charitable contribution for Federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of the association lobbying activities. Further information should be obtained from your tax advisor.*