MEMBERSHIP APPLICATION

Please fill in all information and return to WPA office.



SELECT ONE MEMBERSHIP TYPE & FEE

_	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 ANNUAL DUES BASED ON SALES [select the applicable fee	e]					
	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						
_ _	ASSOCIATE MEMBERSHIP [non-voting member]						
	Company Classification [check all that apply]						
	Service Provider						
	Other [including retired individuals previously active CFECA or WPA]						
	ASSOCIATE WPA MEMBERSHIP ANNUAL DUES						
	Annual membership fee\$950						

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CONTACT INFORMATION									
COMPANY NAME									
DI ICINIECC ADDDECC									
BUSINESS ADDRESS									
CITY	Y		STATE	ZIPCODE		COUNTRY			
WEBSITE									
Please provide a brief description of your company [products offered, services provided, etc.]									
, , , , , , , , , , , , , , , , , ,									
MAIN CONTACT NAME									
DOCITION									
POSITION									
EMAIL									
PHONE				CELL					
	Please add additional	contacts from v	our company who	n will he receivi	ng WPA undates new	sletters alerts:			
Please add additional contacts from your company who will be receiving WPA updates, newsletters, alerts: ADDITIONAL CONTACT NAME									
POS	SITION								
EM <i>E</i>	AIL								
PHONE			CELL						
D	UES PAYMEN								
	Check: Payable to: Western Plastics Association								
	Mail to: 1107 9th Street, Suite 930, Sacramento, CA 95814								
	Credit Card: NAME (as on card)				TYPE OF CARD [VISA, A	MEX, MASTERCARD]			
	CARD NUMBER				EXPIRATION DATE				
	SIGNATURE: X								

Please scan and email all pages of this application to info@westernplastics.org. If mailing your payment, attach check with both pages of this form and 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.

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