



**Membership Information**

Help us keep our records current by updating your contact information.

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ WEB SITE \_\_\_\_\_

1. OFFICIAL REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ E-mail \_\_\_\_\_

2. ALTERNATE REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ E-mail \_\_\_\_\_

3. ALTERNATE REPRESENTATIVE \_\_\_\_\_

TITLE \_\_\_\_\_ E-mail \_\_\_\_\_

Company is a: (Check Appropriate)

1. Single Corporate Entity\_\_\_\_ 2.Proprietorship\_\_\_\_ 3. Parent Company with Subsidiaries \_\_\_\_\_ Please List \_\_\_\_\_

**MEMBERSHIP CATEGORY:**

Manufacturer\_\_\_\_ Marketer\_\_\_\_ Supplier\_\_\_\_ Mfg. Rep.\_\_\_\_ Consultant\_\_\_\_

**PRODUCTS:**

Containers\_\_\_\_ Valves\_\_\_\_ Chemicals\_\_\_\_ Propellant\_\_\_\_ Equipment\_\_\_\_ Finished Product\_\_\_\_

Other, Please Specify \_\_\_\_\_

**ANNUAL MEMBERSHIP DUES:**

<u>Corporate Aerosol Related Sales</u>	<u>Dues</u>	<u>Individuals</u>	<u>Dues</u>
\$0-\$5,000,000	\$1,500	Professional Consultants	\$750.00
\$ 5,000,000- \$12,500,000	\$2,500		
\$12,500,000- \$20,000,000	\$3,000		
OVER \$20,000,000	\$5,000		

*Please enclose a check for appropriate amount with Membership Application Form.*

Signed: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_