



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 _____