



## ASSOCIATE MEMBERSHIP APPLICATION MASSACHUSETTS PACKAGE STORES ASSOCIATION

Please complete and return with your check OR credit card information.

Please select one below:

- Renewal Associate Membership       NEW Associate Membership

Your Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Company Telephone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

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

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

**CHECK ONE:**

- Suppliers..... \$800
- Large Wholesalers & Distributors..... \$800  
(more than 100 employees)
- Small Wholesalers & Distributors..... \$400
- Large Industry Related Companies... \$400  
(more than 100 employees)
- Small Industry Related Companies... \$250

Please make checks payable to **MassPack** and mail to:

**MassPack  
30 Lyman St., Suite 5  
Westborough, MA 01581**

**To pay by Charge Card (Visa, MasterCard, Discover or American Express), please complete the information below:**

Charge Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_

Credit Card Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_