



Massachusetts Package Stores Association, Inc.

30 Lyman St., Suite 2
Westborough, MA 01581
Phone: (800) 322-1383 Fax: (508) 366-1104
E-mail: info@masspack.org

BILL TO:

2019 MEMBERSHIP APPLICATION / INVOICE

TERMS: PAYABLE UPON RECEIPT

EFFECTIVE MEMBERSHIP DATE: January - December 2019

MassPack Federal ID #04 1590893

Please review the below categories carefully as important changes have been made to our fee structure. Annual Membership Dues are now based on store size which is determined by # of Full Time Employees/ or the stores weekly payroll hours. Select the appropriate category for each store you are joining.

ANNUAL MASSPACK MEMBERSHIP

of stores

Total

Level A = 10 + Full Time Employees (400+ weekly payroll hrs per store) _____ x \$399.00 = \$ _____

Level B = 5 - 9 Full Time Employees (201 - 399 wkly payroll hrs per store) _____ x \$349.00 = \$ _____

Level C = < 5 Full Time Employees (199 or less wkly payroll hrs per store) _____ x \$325.00 = \$ _____

MEMBERSHIP FEE SUB TOTAL \$ _____

VOLUNTARY CONTRIBUTIONS (Please add any voluntary contribution to your total below.)

_____ \$500 _____ \$300 _____ \$100 _____ OTHER

TOTAL AMOUNT PAID \$ _____

Store #1 Name: _____ **Contact:** _____ **Phone:** _____

Street: _____ **City:** _____ **Zip:** _____ **Level (circle1):** A B C

Primary Email: _____

This email will be used for your communications and as your log-in for the Members Only section of our website.

Store #2 Name: _____ **Contact:** _____ **Phone:** _____

Street: _____ **City:** _____ **Zip:** _____ **Level (circle1):** A B C

Primary Email: _____

This email will be used for your communications and as your log-in for the Members Only section of our website.

Important: We ask that you please list all your stores. You may list additional stores on back if necessary.

Please make checks payable to: Massachusetts Package Stores Association. To pay by credit or debit card, please contact our office at (800)322-1383 or you may fill out the "Charge Information" below.

Charge Card# _____ **Exp. Date:** _____ **Charge Amt:** \$ _____

Name on Card: _____ **Card Address:** _____

Signature: _____ **Today's Date:** _____

PLEASE NOTE: 40% of dues for The Massachusetts Package Stores Association ARE NOT deductible neither as a business expense nor as a charitable contribution. 60% of dues are deductible as a business expense in accordance with IRC Section 6033.

(OVER)

Please list information below for additional stores.

Store #3 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #4 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #5 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #6 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Member Response Requested

1. Please tell us the MassPack programs or discounts which you currently utilize or participate in.

_____ CheckWriter's Payroll

_____ RAM-HIC Health Insurance

_____ Discounted Beverage Alcohol Training

_____ WB Mason Discount bags and supplies

_____ First Data Credit Card Processing

_____ Workers Compensation

2. We are continually looking to improve our association and its benefits to members. Please let us know how we can help better serve you or if there are other discounts/programs that you'd like to see offered.

3. I am interested in serving on the Board of Directors or volunteering for a MassPack Committee (check here) _____

Your Name: _____ Best # to reach you: _____

Thank you!