



# Massachusetts Package Stores Association, Inc.

30 Lyman St., Suite 2  
Westborough, MA 01581  
Phone: (508) 366-1100 Fax: (508) 366-1104  
E-mail: info@masspack.org

## 2023 MEMBERSHIP INVOICE

**Please update information for ALL of your store(s) below and include this form with your payment to renew your MassPack Membership(s) for 2023.**

TERMS: PAYABLE UPON RECEIPT

EFFECTIVE MEMBERSHIP DATE: **January - December 2023**

MassPack Federal ID #04 1590893

Please review the below categories carefully in order to choose your appropriate fee structure. Your annual Membership Dues are 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 \$475.00 = \$\_\_\_\_\_

Level B = 5 - 9 Full Time Employees (201 - 399 wkly payroll hrs per store) \_\_\_\_\_ x \$425.00 = \$\_\_\_\_\_

Level C = < 5 Full Time Employees (199 or less wkly payroll hrs per store) \_\_\_\_\_ x \$375.00 = \$\_\_\_\_\_

**MEMBERSHIP FEE SUB TOTAL \$\_\_\_\_\_**

STRATEGIC/VOLUNTARY CONTRIBUTIONS (Please add any contribution for the Strategic Fund to your total below.)

\_\_\_\_\_ \$1,000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$300 \_\_\_\_\_ \$100 \_\_\_\_\_ OTHER

**TOTAL AMOUNT PAID \$\_\_\_\_\_**

**Store #1** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Primary Email: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Store #2** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

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

Please make checks payable to: Massachusetts Package Stores Association and mail to: **30 Lyman St., Ste 2, Westborough, MA 01581**. To pay by credit 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.

**Please list information for additional stores on the reverse side.**

(OVER)

**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 are interested in participating in.**

- |   |  |
|---|--|
| <input type="checkbox"/> CheckWriter's Payroll                | <input type="checkbox"/> ID Scanning (Fraudfighter/Intelligence) |
| <input type="checkbox"/> Discounted Beverage Alcohol Training | <input type="checkbox"/> RAM-HIC Health Insurance                |
| <input type="checkbox"/> First Data Credit Card Processing    | <input type="checkbox"/> WB Mason Co.                            |
| <input type="checkbox"/> 401K/ Retirement Benefit             | <input type="checkbox"/> 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.**

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**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!**