



## 2020 MEMBERSHIP FEES AND APPLICATION

### PAC Membership

Your PAC membership entitles all members access to all services and benefits related to our PAC NEXT, PAC FOOD WASTE, intelliPACK programs and all other PAC programs and activities.

### Membership Categories A, B, C, D E, P, I, and S

- A, B, C, D, and E fees based on sales or purchases.
  - Buyers and sellers of packaging materials, services and technologies OR
  - Buyers, sellers, haulers and processors of discarded packaging materials
- P - Professional services
- I - Individual (government & company)
- S - Schools/students/associations

**NOTE** - Taxes included in final invoice if applicable

Please check off the category for your company.

Category (millions)	PAC Membership	
	CAD\$	US\$
A 150+	<input type="radio"/> 9,975	<input type="radio"/> 8,480
B 50-150	<input type="radio"/> 8,140	<input type="radio"/> 6,920
C 10-50	<input type="radio"/> 4,725	<input type="radio"/> 4,015
D 2.5-10	<input type="radio"/> 3,195	<input type="radio"/> 2,715
E up to 2.5	<input type="radio"/> 1,520	<input type="radio"/> 1,295
P Professional services members	<input type="radio"/> 1,800	<input type="radio"/> 1,530
I Individual (government & company)	<input type="radio"/> 730	<input type="radio"/> 620
S Schools/students/associations	<input type="radio"/> FREE	<input type="radio"/> FREE

On behalf of (company name) \_\_\_\_\_ ,

I hereby apply for membership with PAC Packaging Consortium (includes PAC NEXT, PAC FOOD WASTE and intelliPACK)  
The corporate member will be the main representative for your company. All additional associate members are complimentary and must be employees of the corporate member company or one of its subsidiaries (See page 2).

Corporate member (voting member): \_\_\_\_\_ Job title: \_\_\_\_\_

Company: \_\_\_\_\_ Division of: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/state: \_\_\_\_\_ Postal code/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Which of the following best describes your organization?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic institution/association  | <input type="checkbox"/> Raw materials                     | <input type="checkbox"/> Packaging distributors/brokers |
| <input type="checkbox"/> Retail/quick service restaurants  | <input type="checkbox"/> Graphic/structural services       | <input type="checkbox"/> Government                     |
| <input type="checkbox"/> Consumer pkg. goods/contract pkg. | <input type="checkbox"/> Packaging equipment/machinery     | <input type="checkbox"/> Sustainable material mgmt.     |
| <input type="checkbox"/> Packaging converter               | <input type="checkbox"/> Professional services/consultants | <input type="checkbox"/> Other (please indicate):       |

HST applicable - HST registration #107810822

QST applicable (including GST) in Quebec - QST registration #1006189284

15 Allstate Parkway, Suite 600, Markham, Ontario L3R 5B4, 416.646.4640, labraham@pac.ca, www.pac.ca

**All additional Associate Members are complimentary.**

We encourage you to submit more names. Please make a copy of this page and attach it to the end of this application or submit your own form with the details included.

**CEO MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

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

(if different from information on previous page):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Postal Code/zip: \_\_\_\_\_

**1ST ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

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

(if different from information on previous page):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Postal Code/zip: \_\_\_\_\_

**2ND ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

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

(if different from information on previous page):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Postal Code/zip: \_\_\_\_\_

**3RD ASSOCIATE MEMBER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_

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

(if different from information on previous page):

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/state: \_\_\_\_\_ Postal Code/zip: \_\_\_\_\_

**ALL MEMBERSHIPS EXPIRE ON DECEMBER 31.**

**ACKNOWLEDGEMENT**

I, (name) \_\_\_\_\_ of (company name) \_\_\_\_\_  
certify that the information regarding our annual Canadian sales or purchases is correct and complete.

Date: \_\_\_\_\_