



The Society of the Plastics Industry, Inc. – 1667 K Street NW Suite 1000 Washington, DC 2006-1620

PROCESSOR MEMBERSHIP APPLICATION FORM

www.plasticsindustry.org

COMPANY NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

WEBSITE ADDRESS _____

PHONE _____

FAX _____

Step 1: Calculate your membership dues

$$\frac{\text{Annual net sales minus resin costs (see definitions below)}}{1,000} = \text{_____} \times \frac{\text{Rate Per Thousand}}{\text{_____}} + \frac{\text{Fixed Amount}}{\text{_____}} = \$ \text{_____} \text{ Annual Dues (rounded to nearest dollar)}$$

Annual Sales

Less than	\$2,312,760
\$2,312,761	\$2,499,999
\$2,500,000	\$2,999,999
\$3,000,000	\$3,499,999
\$3,500,000	\$3,999,999
\$4,000,000	\$4,499,999
\$4,500,000	\$4,999,999
\$5,000,000	\$9,999,999
\$10,000,000	\$24,999,999
\$25,000,000	\$44,950,570
Over \$45,950,570	

MINIMUM DUES = \$1,070

MAXIMUM DUES = \$26,750

Rate Per Thousand	Fixed Amount
0	\$0
0.4629	\$0
0.5116	\$0
0.5604	\$0
0.6092	\$0
0.6578	\$0
0.6748	\$0
0.6432	\$155
0.5949	\$611
0.5628	\$1,356
0	\$0

Example Calculation:

$$\frac{\$12,716,000}{1,000} = \$12,716 \times \frac{.5949}{\text{Rate Per Thousand}} + \frac{\$611}{\text{Fixed Amount}} = \$8,176.00 \text{ Annual Dues}$$

Definitions for Reporting Net Dollar Sales

Processors may deduct the cost of resin and reinforcement glass costs from products processed from plastics materials or combined and/or assembled with products made of non-plastics material that are sold in the U.S. and Puerto Rico and that represent the company's **primary raw material feedstock**, e.g. film, sheet, pipe, profile or tube.

Processors may not deduct the resin portion of items such as closures, labels, color concentrates, flame retardants, fillers, etc.

Step 2: Payment Information: Select your form of payment, sign, date and then complete step 3.

Check – made payable to: The Society of the Plastics Industry, Inc. – P.O. Box 17031 – Baltimore, MD 21298-9503

Credit Card # _____

EXP. DATE ___/___/___



PRIMARY MEMBERSHIP CONTACT NAME (REQUIRED) _____

PRIMARY MEMBERSHIP CONTACT SIGNATURE (REQUIRED) _____

PRINT TITLE HERE _____

PHONE (if different from above) _____

FAX (if different from above) _____

E-MAIL _____

DATE ___/___/___

Step 3: Terms & Conditions

As a member of SPI all of your representatives will receive meeting notices, agendas, and minutes of relevant SPI committees and business units, as well as information on events, programs, products and services available from SPI, its business units and carefully selected partners, via e-mail, direct mail, and/or facsimile at the fax number you provide on this form or any other number provided to us in the future. **Your signature grants us consent to provide all of your representatives with this information in any media.** If, for any reason, you or your colleagues would not like to receive information in a particular media, please contact the SPI Membership Department at 202.974.5212 or e-mail spimembership@plasticsindustry.org, so that you will be removed from such lists.

PRIMARY MEMBERSHIP CONTACT SIGNATURE (REQUIRED) _____

This application form is used solely for calculation of SPI membership dues. All information requested here will be handled in the strictest confidence and independently audited from time to time. Dues and contributions to SPI are not deductible as charitable contributions. Further information should be obtained from your tax advisor.

Date Received: _____

Membership Dept. Finance Dept.