



# MACHINERY MEMBERSHIP APPLICATION FORM

www.plasticsindustry.org

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

WEB SITE ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

## Step 1: Calculate your membership dues

$$\frac{\text{Annual net sales (see definitions below)}}{1,000} = \text{Rate Per Thousand} \times \text{Rate Per Thousand} + \text{Fixed Amount} = \$ \text{Annual Dues (rounded to nearest dollar)} .00$$

Annual Sales	Rate Per Thousand	Fixed Amount
Less than \$2,285,000	0	\$1,200
\$2,285,001 - \$2,999,999	0.5271	\$0
\$3,000,000 - \$3,499,999	0.5772	\$0
\$3,500,000 - \$3,999,999	0.6275	\$0
\$4,000,000 - \$4,499,999	0.6775	\$0
\$4,500,000 - \$4,999,999	0.6950	\$0
\$5,000,000 - \$9,999,999	0.6625	\$171
\$10,000,000 - \$24,999,999	0.6127	\$674
\$25,000,000 - \$49,999,999	0.5798	\$1,497
\$50,000,000 - \$99,999,999	0.5466	\$3,161
\$100,000,000 - \$199,999,999	0.3312	\$24,704
\$200,000,000 - \$1.359B	0.0828	\$74,387
\$1.360B - \$1.979B	0.0534	\$114,391
Over \$1.979B	0	\$220,000

**PLEASE INCLUDE:**

2009 Machinery Div. Assessment = \$200.00

**TOTAL MEMBERSHIP AND MACHINERY DIVISION ASSESSMENT =**

\$ \_\_\_\_\_

**Example Calculation:**

$$\frac{\$12,716,000}{1,000} = \$12,716 \times .6127 + \$674 = \$8,465.00 +$$

**Definitions for Reporting Net Dollar Sales**

Equipment Producers report net total dollar sales to customers within the U.S. and Puerto Rico of processing equipment including tools, molds and spare parts and services utilized by processors in the production of plastics products less freight costs.

## 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 Industry Groups, as well as information on events, programs, products and services available from SPI, its Industry Groups 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](mailto: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: \_\_\_\_\_

Paid  Invoiced