



# MEMBERSHIP APPLICATION

## RECONDITIONER, REMANUFACTURER, DEALER / BROKER

### Conditions of membership:

1. **ELIGIBILITY:** To apply for membership in RIPA, your company must have been in business for at least one year prior to application.
2. **TO APPLY:** Send the completed application, accountant's certification form (below) and appropriate membership dues to: Membership, The Reusable Industrial Packaging Association, P.O. Box 3, Brookeville, MD 20833. Alternatively, email forms to admin@ripaus.com.
3. **ANNOUNCEMENT:** Your application for membership will be announced to all members by email. RIPA members will have 30 days to comment, following which you will be notified regarding the status of your application.
4. **DUES STRUCTURE:** Dues will be paid on all sales reported on line 1a of the company's annual tax return (IRS form 1120). The most recently completed fiscal year prior to application should be utilized to determine the sales base. Sales must be certified by an accountant. There will be no exclusion of sales, with the exception of sales derived from unrelated business activities. In cases of common ownership of multiple companies, the largest company in the group will certify sales based on Line 1a of their IRS Form 1120; other companies in the commonly owned group will certify sales based on Line 1a of IRS Form 1120, less intra-company sales made within the group.

Payment is due in full at the time of application, and at the first of the year thereafter. A business joining mid-year pays a full year's dues, but will be credited a prorated amount the following year accordingly. Companies that have been members of RIPA for one year, may make quarterly payments; quarterly payers incur a 10% surcharge. Each quarterly installment is due prior to the first day of each quarter. First-year applicants are entitled to a 25% discount on their first year's dues payment. If you have any questions, call the RIPA office at (301) 577-3786.

Our business hereby makes application for membership in the Reusable Industrial Packaging Association. If accepted, we pledge to abide by the Bylaws and Codes of Operating Practice. We agree to support the objectives and interests of the association so far as our time and abilities permit, and to pay the dues as established.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

_____ Phone	_____ Fax	_____ Web Address
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### Names, Titles and Emails for Principal Contacts

_____ Name	_____ Title	_____ Email
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_____ Name	_____ Title	_____ Email
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_____ Name	_____ Title	_____ Email
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_____ Name	_____ Title	_____ Email
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**Products Offered (Use Product Codes)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BO=Bottles          | <input type="checkbox"/> PT=Poly Tanks         | <input type="checkbox"/> SP=Steel Pails              |
| <input type="checkbox"/> PD=Plastic Drums    | <input type="checkbox"/> FD=Fibre Drums        | <input type="checkbox"/> SS=Stainless Steel          |
| <input type="checkbox"/> CB=Corrugated Boxes | <input type="checkbox"/> FIBC=Flexible IBCs    | <input type="checkbox"/> LC=Lab Containers           |
| <input type="checkbox"/> PO=Poly Overpacks   | <input type="checkbox"/> SD=Steel Drums        | <input type="checkbox"/> OP=Overpack / Salvage Drums |
| <input type="checkbox"/> PP=Plastic Pails    | <input type="checkbox"/> GB=Gaylord Boxes      | <input type="checkbox"/> PA=Pallets                  |
| <input type="checkbox"/> CD=Composite Drums  | <input type="checkbox"/> IBC=Intermediate Bulk |  |

Number Years in Business (or since incorporation)

U.S. DOT "M" or "R" Number (if applicable)

Select those that apply

- Reconditioner
- Remanufacturer
- Dealer / Broker

Date

Signature

Enclose with dues check or charge to credit card.

- MasterCard     Visa     AmEx

Card Number

Expiration Date

Security Code

Card Holder Signature

Thank you for your application!

## Accountant's Statement

Please submit this application with the Certified Public Accountant's Certification also provided by RIPA.

**Please check the appropriate sales category**

- |  |                |
|--|----------------|
| <input type="checkbox"/> \$0-4 million     | Dues \$5,200*  |
| <input type="checkbox"/> \$4-6 million     | Dues \$9,500   |
| <input type="checkbox"/> \$6-8 million     | Dues \$12,200  |
| <input type="checkbox"/> \$8-10 million    | Dues \$15,000  |
| <input type="checkbox"/> \$10-15 million   | Due \$20,000   |
| <input type="checkbox"/> \$15-20 million   | Dues \$27,000  |
| <input type="checkbox"/> \$21-30 million   | Dues \$34,000  |
| <input type="checkbox"/> \$31-75 million   | Dues \$50,000  |
| <input type="checkbox"/> \$76-150 million  | Dues \$70,000  |
| <input type="checkbox"/> \$151-250 million | Dues \$90,000  |
| <input type="checkbox"/> \$250-million     | Dues \$130,000 |

This part of the application must be filled out by a certified accountant, not the applicant.

I certify that this document accurately represents for

NAME OF APPLYING BUSINESS

The gross receipts report on Line 1a of the U.S. Corporate income Tax Return (IRS Form 1120) or other appropriate income tax return for the company's most recent fiscal year prior to application.

\*Companies that have been members of the association for at least one year and who can demonstrate that their annual gross revenues are less than \$2 million, qualify for a dues reduction of \$700 and will pay dues of \$4,500. Companies seeking this dues exception must provide to the President a Dues Certification Form signed by the company accountant. The certification must accompany their annual dues payment to RIPA.

Accountant's Signature

Date

Accountant's Name

Accounting Firm

Accountant's Addresses

**send now**