



Membership Application

Reconditioner, Remanufacturer, Dealer / Broker

- Eligibility:** To apply for membership in RIPA, your company must have been in business for at least one year prior to application.
- To Apply:** Mail the completed application, accountant's certification form (opposite) and appropriate membership dues to: Membership, The Reusable Industrial Packaging Association, 51 Monroe Street, Suite 812, Rockville, MD 20850. Alternatively, fax the application with credit card information to (301) 577-6476.

Your application for membership will be announced to all members by email and in the next newsletter. RIPA members will have 30 days to comment, following which you will be notified regarding the status of your application.

- Dues Structure:** Dues will be paid on all sales reported on line 1a of the company's annual tax return (IRS for 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. Companies paying the maximum membership dues need not submit an accountant's certification. 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. Members who have been members of RIPA for one year, may make quarterly payments. Members electing to pay quarterly will pay a 10% surcharge. Each quarterly installment is due prior to the first day of each quarter. If you have any questions, call the RIPA office at (301) 577-3786.

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

Accountant's Statement

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.

Please check the appropriate sales category.

Sales	_____ \$0 - \$2 million	Dues	\$ 4,000
	_____ \$2 - \$4 million		\$ 6,600
	_____ \$4 - \$6 million		\$ 9,250
	_____ \$6 - \$8 million		\$ 11,900
	_____ \$8 - \$10 million		\$ 14,500
	_____ \$10 - \$15 million		\$ 19,600
	_____ \$15 - \$20 million		\$ 26,620
	_____ \$20 - \$40 million		\$ 32,890
	_____ \$40 million +		\$ 39,300

Accountant's Signature

Date

Accountant's Name

Accounting Firm

Address

Membership Application Form

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: _____

Names, Titles and Emails for Principal Contacts

Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____

Products Offered (Use Product Codes): _____

BO=Bottles	PD=Plastic Drums	CB=Corrugated Boxes
PO=Poly Overpacks	CC=Coolant Containers	PP=Plastic Pails
CD=Composite Drums	PT=Poly Tanks	FD=Fibre Drums
SC=Safety Cans	FIBC=Flexible IBCs	SD=Steel Drums
GB=Gaylord Boxes	SM=Small Cans	IBC=Intermediate Bulk
SP=Steel Pails	SS=Stainless Steel	LC=Lab Containers
OP=Overpack / Salvage Drums	PA=Pallets	

Number Years in Business: _____ 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!

Please fax or mail: RIPA, 51 Monroe Street, Suite 812, Rockville, MD 20850

Tel: 301/577-3786 Fax: 301/577-6476 www.reusablepackaging.org