



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:** Mail the completed application, accountant's certification form (below) and appropriate membership dues to: Membership, The Reusable Industrial Packaging Association, 51 Monroe Street, Suite 812, Rockville, MD 20850. Alternatively, fax the application and accountant's certification with credit card information to (301) 577-6476 or email 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.

COMPANY NAME _____

Facility Address

Street Address _____

City/State/ZIP Code _____

Mailing address, if different _____

City/State/ZIP Code _____

Name of parent company, if different _____

Mailing address of parent company, if different _____

City/State/ZIP Code _____

Primary Contact

Name _____

Email _____

Phone _____ Title _____

Other Company Contacts

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____



MEMBERSHIP APPLICATION

RECONDITIONERS, BROKERS AND DISTRIBUTORS

Business Description

Please check the box that best describes the majority (> 50%) of your annual business activity.

- Reconditioner
- Distributor
- Broker

Check all products offered

- Intermediate Bulk containers (composite)
- Intermediate Bulk containers (metal or flexible)
- Steel drums Stainless steel drums
- Plastic drums Fiber drums
- Composite drums Pails (steel or plastic)
- Overpack/Salvage Drums IBC Bottles
- Other _____

M#, R#, or symbol registered with U.S. DOT (if applicable)

Company Operations (Check those that apply)

- Drum furnace Drum washing (steel)
- Drum washing (plastic) IBC reprocessing

Comments _____

Environmental History of Site or Sites (past 5 years)

Have there been any reportable events that required a third-party response action? If yes, check the appropriate boxes. You may add comments.

- Fire
- Hazardous materials releases to the environment
- Explosions
- Other _____

Comments _____

Regulatory Information

Permits

- Air (Name sources) _____

- Water discharge (public treatment works)

- Other _____

Dues Schedule

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

Please designate the applicable sales category:

- \$0-4 million Dues \$ 5,200 Quarterly \$1430*
- \$4-6 million Dues \$ 9,500 Quarterly \$2612.50*
- \$6-8 million Dues \$ 12,200 Quarterly \$3355*
- \$8-10 million Dues \$ 15,000 Quarterly \$4125*
- \$10-15 million Dues \$ 20,000 Quarterly \$5500*
- \$15-20 million Dues \$ 27,000 Quarterly \$7425*
- \$20-30 million Dues \$ 34,000 Quarterly \$9350*
- \$30-75 million Dues \$ 50,000 Quarterly \$13,750*
- \$75-150 million Dues \$ 70,000 Quarterly \$19,250*
- \$150-250 million Dues \$ 90,000 Quarterly \$24,750*
- \$ 250 million + Dues \$ 130,000 Quarterly \$35,750*

* Quarterly payments include 10% surcharge

Payment (check one) _____ VISA _____ MC _____ AmEx

Card Number _____

Exp. Date _____

Security Code _____



51 Monroe Street
 Suite 812
 Rockville, Maryland 20850
 TEL (301) 577-3786 / FAX (301) 577-6476
 www.reusablepackaging.org

**RIPA CERTIFIED PUBLIC ACCOUNTANT’S CERTIFICATION
 (RECONDITIONERS & BROKERS)**

I certify this document accurately represents for the company listed below the gross receipts reported on Line 1a of the U. S. Corporate Income Tax Return (IRS Form 1120) or other appropriate income tax return for the last completed fiscal year prior to December 1, 2019.

PLEASE DESIGNATE THE APPLICABLE REVENUE CATEGORY:

<u>Sales Category</u>	<u>Check Category</u> ✓	<u>Annual Payment</u>	<u>Quarterly Payment</u> 10% Surcharge
\$0 mil. – 4 mil.		\$5,200 ¹	\$1,430.00
\$4 mil. - 6 mil.		\$9,500	\$2,612.50
\$6 mil. - 8 mil.		\$12,200	\$3,355.00
\$8 mil. - 10 mil.		\$15,000	\$4,125.00
\$10 mil. - 15 mil.		\$20,000	\$5,500.00
\$15 mil. - 20 mil.		\$27,000	\$7,425.00
\$20 mil. - 30 mil.		\$34,000	\$9,350.00
\$30 mil. - 75 mil.		\$50,000	\$13,750.00
\$75 mil. - 150 mil.		\$70,000	\$19,250.00
\$150 mil. - 250 mil.		\$90,000	\$24,750.00
\$250 mil. +		\$130,000	\$35,750.00

¹ Important: Companies who were members of the association in the previous year and who can demonstrate that their annual gross revenues are less than \$2 million, qualify for a dues reduction of \$700, i.e. \$4,500. Companies seeking this dues exception must provide to RIPA this Accountant’s Certification Form, signed by the company accountant. The certification must accompany the invoice and annual or quarterly dues payment to RIPA.

Accounting Firm’s Name

Accountant’s Signature

Address

Name/Print or Type

(City, State, Zip Code)

Date

Member’s Company Name: _____