



Membership Application

Reconditioner, Remanufacturer, Dealer / Broker

- 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 (opposite) and appropriate membership dues to: Membership, 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.
- 3. 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. 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.

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.

<u>Sales</u>	<u>Dues</u>
<input type="checkbox"/> \$0 - \$1 million	\$ 2,790
<input type="checkbox"/> \$1 - \$2 million	\$ 3,900
<input type="checkbox"/> \$2 - \$4 million	\$ 6,600
<input type="checkbox"/> \$4 - \$6 million	\$ 9,250
<input type="checkbox"/> \$6 - \$8 million	\$ 11,900
<input type="checkbox"/> \$8 - \$10 million	\$ 14,500
<input type="checkbox"/> \$10 - \$15 million	\$ 19,600
<input type="checkbox"/> \$15 - \$20 million	\$ 26,620
<input type="checkbox"/> \$20 - \$40 million	\$ 32,890
<input type="checkbox"/> \$40 million +	\$ 39,300

Accountant's Signature

Date

Accountant's Name

Accounting Firm

Address

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

■ Membership Application Form

Our business hereby makes application for membership in the Reusable Industrial Packaging Association. If acceptor, we pledge to abide by the Bylaws and Codes of Operation Practice, or as they may hereafter be amended. 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: _____

Type of company: Reconditioner Remanufacturer Dealer/Broker

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____ Fax: _____

Web Address: _____ Company E-Mail: _____

Date: _____ Signature: _____

■ Names & Titles of Principals / Key Contacts (FOR ANNUAL DIRECTORY)

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

Name: _____ Title: _____ E-mail: _____

■ Years in industrial packaging business: _____ DOT "M" or "R" Number: _____

■ Charge to my credit card and fax/mail to the RIPA office:

AmEx: Mastercard: Visa:

Credit Card Number: _____

Expiration Date: _____ Signature: _____

Thank You for Your Application

Please mail or fax this form with your full membership dues to:

Membership ■ Reusable Industrial Packaging Association ■ 51 Monroe Street ■ Suite 812 ■ Rockville, MD 20850

Tel: (301) 577-3786 ■ Fax: (301) 577-6476 ■ www.reusablepackaging.org

■ Please Identify Container Type(s)

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