



Member Application

PLEASE COMPLETE ALL OF THE IDENTIFYING INFORMATION

Company: _____ Company Identifier or Location # _____

Address: _____ Fax: _____

City: _____ ST: _____ Zip: _____ Phone: _____

E-mail: _____ Contact Name: _____

Contact Title: _____

Memberships are based on location. Corporations can utilize discounts by signing up multiple locations. Call for particulars.

Choose a Membership Type:

Site Location Membership:	\$250.00	_____
Vendor Membership:	\$275.00	_____

Select your category: (Producer only/Check only one category)

- | | |
|--|---|
| <input type="checkbox"/> Bag Plants (NAICS 322224) | <input type="checkbox"/> Tubes & Cores (322214) |
| <input type="checkbox"/> Corrugated Box Plants with Corrugators (322211) | <input type="checkbox"/> Corrugated Box Plant without Corrugators (Sheet Plants) (322211) |
| <input type="checkbox"/> Corrugated Sheet Feeder Plants (322211) | <input type="checkbox"/> Folding Cartons Plants (322212) |
| <input type="checkbox"/> Fine Paper Converting Plants (322233) | <input type="checkbox"/> Other Paper Converting (322229) |
| <input type="checkbox"/> Building Products (32121) | <input type="checkbox"/> Woodlands ~ Large working over 200,000 hours/year (113110) |
| <input type="checkbox"/> Woodlands ~ Small working 200,000 hours/yr or less (113110) | <input type="checkbox"/> Sawmills (321113) |
| <input type="checkbox"/> Paper Mills ~ Large working over 2 million hours/year (3221) | <input type="checkbox"/> Paper Mills ~ Medium working 1 to 2 million hours/year (3221) |
| <input type="checkbox"/> Paper Mills ~ Small working under 1 million hours/year (3221) | <input type="checkbox"/> Pulp Mills (3221) |
| <input type="checkbox"/> 100% Recycle Mills (3221) | <input type="checkbox"/> Recycle Collection Centers |
| <input type="checkbox"/> Distribution Ops-Paper Centers (4241) | <input type="checkbox"/> Specialty Operations |

Please complete your contact information below. It could be very helpful to have your email address for announcements and upcoming events. Be assured we do not distribute or sell our membership information. You can email Emma at eragauskas@ppsa.org or give us a call at 770-209-7300

Company: _____ Total Amount \$ _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Name as it appears on Credit Card: _____ E-mail: _____

Card Type: _____ Credit Card Number: _____

Expiration: _____ CVV code: _____ Zip Code of Billing Address: _____

If mailing, send to: PPSA *15 Technology Parkway South * Peachtree Corners, GA 30092

For corporate pricing, please contact PPSA at 770-209-7300