

## 2015/2016 Membership Application

Official Representative Information The Official Representative for your company will be the son in charge of your company membership. They will listed in the directory as the main contact for the compand will receive the dues invoice.	be business.
First Name Last Name Email Address	Associate Membership  A company that supplies products or services to the confectionery industry.
Telephone	Association/Academic Membership (No Fee)  A nonprofit organization closely related to the confectionery industry that does business for the good of the industry and the purpose of which is similar to the purposes of this Corporation.
Company Information Please provide the information as you would like it to a in the PMCA Member Directory and on the website.	Retired Membership (No Fee)  Any individual that has retired from a member company that wishes to stay active with PMCA. Required Board Approval.
Company Name	Payment Categories (X)
Address	Please choose your fee category based on the number of employees in your company that are actively engaged in the confectionery industry.
Suite	\$450.00 Less Than 100 Employees
	\$600.00 Between 100 and 1,000 Employees
City State Zipcode	\$2,000.00 More Than 1,000 Employees
Country	Total \$
Telephone Fax	
Web Address	
Company Description  Please provide a brief description (max. 1 paragraph) is PMCA Office: Brandy.Kresge@pmca.com.	that best describes your company. This description can be emailed to the

Additional Personnel Please list any additional personnel from your company that would like to receive emails from PMCA. You can also email this listing to: <a href="mailto:Brandy.Kresge@pmca.com">Brandy.Kresge@pmca.com</a> .	Additional Locations If any of the additional personnel are located at a different location than that of the official representative please include those locations below. You can also email this listing to: <a href="mailto:Brandy.Kresge@pmca.com">Brandy.Kresge@pmca.com</a> .		
First Name Last Name	Address		Suite
Email Address	City	State	Zip-code
First Name Last Name	Address		Suite
Email Address	City	State	Zip-code
Industry Key Role Please choose the one that best describes your company role.			
Manufacturing - Wholesale to Retail	Manufacturing -	Retail to Direct to	Consumer
Manufacturing - Co-Manufacturing (B to B)	Supplier - Ingredic	ents Supplier - I	Packaging/Materials
Supplier - Equipment Supplier - Tech S	ervices Acade	mia Associat	ion Consulting
Retail/Brok	ker non-Manufactı	ıring	
Other:			
Primary Product Please choose the one that best describes your company's primary pr	oduct.		
Confectionery - Chocolate Confectionery -	Non Choc. & Gun	n Confectionery	y - Multi Category
Snacks - Salty Snacks - Bars, etc.	Snacks - Bake	d Snacks -	Frozen
Snacks - Nuts, Beverages, etc. Snacks - Mu	ılti Category (	Confectionery +Sn	acks (any)
Other:			
Paymen	t Information		
Check made payable to "PMCA" enclosed in	U.S. funds drawn o	on a US or Canadia	n Bank
Credit Card Payment VISA	MasterCard	d Amer	rican Express
Card Number:	Ехр	p. Date:	
Send PMCA, 2980 Linden St. Tel. 1 (610) 625-4655 ♦ Fax. 1 (610			com

PMCA membership is for one fiscal year; July 1<sup>st</sup> through June 30<sup>th</sup>. During the last month of the fiscal year member companies will be sent a renewal invoice. Payment of the renewal invoice is due within sixty (60) days. Companies wishing to discontinue their membership are asked to notify the PMCA office. Cancelled members will be required to wait until the start of a new fiscal year to become eligible for membership and will be classified as a new member.