



### Official Representative Information

The Official Representative for your company will be the person in charge of your company membership. They will be listed in the directory as the main contact for the company and will receive the dues invoice.

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

### Company Information

Please provide the information as you would like it to appear in the PMCA Member Directory and on the website.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite/Apt. #

\_\_\_\_\_  
City State Zipcode

\_\_\_\_\_  
Country

\_\_\_\_\_  
Telephone Fax

\_\_\_\_\_  
Web Address

### Membership Categories

Please choose the category below that best describes your business.

\_\_\_\_\_ **Active Membership**  
A company that manufactures a confectionery product; chocolate or non-chocolate and gum.

\_\_\_\_\_ **Associate Membership**  
A company that supplies products or services to the confectionery industry.

\_\_\_\_\_ **Association/Academic Membership (No Fee)**  
A nonprofit organization closely related to confectionery industry that does business for the good of the industry and the purpose of which is similar to the purposes of this Corporation.

\_\_\_\_\_ **Retired Membership (No Fee)**  
Any individual that has retired from a member company that wishes to stay active with PMCA. Required Board Approval.

\_\_\_\_\_ **Student Membership \$20.00 (use separate application)**  
Any full and/or part time student  
(membership will be honored up to one year after graduation)

### Payment Categories (X)

Please choose your fee category based on the number of employees in your company that are actively engaged in the confectionery industry.

\$250.00 Consultants, Emerging Companies & Entrepreneurs \_\_\_\_\_

\$550.00 Up to 100 Employees \_\_\_\_\_

\$750.00 Between 100 and 1,000 Employees \_\_\_\_\_

\$2,400.00 More Than 1,000 Employees \_\_\_\_\_

Total \$ \_\_\_\_\_

### Company Description

Please provide a brief description (max. 1 paragraph) that best describes your company. This description can be emailed to the PMCA Office: [Brandy.Kresge@pmca.com](mailto:Brandy.Kresge@pmca.com).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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: [Brandy.Kresge@pmca.com](mailto:Brandy.Kresge@pmca.com).

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
First Name                      Last Name

\_\_\_\_\_  
Email Address

### Additional Locations

If any 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: [Brandy.Kresge@pmca.com](mailto:Brandy.Kresge@pmca.com).

\_\_\_\_\_  
Address    Suite/Apt. #

\_\_\_\_\_  
City    State    Zip-code

\_\_\_\_\_  
Address    Suite/Apt. #

\_\_\_\_\_  
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 - Ingredients      Supplier - Packaging/Materials

Supplier - Equipment      Supplier - Tech Services      Academia      Association Consulting

Retail/Broker non-Manufacturing

Other: \_\_\_\_\_

### Primary Product

Please choose the one that best describes your company's primary product.

Confectionery - Chocolate      Confectionery - Non Choc. & Gum      Confectionery - Multi Category

Snacks - Salty      Snacks - Bars, etc.      Snacks - Baked      Snacks - Frozen

Snacks - Nuts, Beverages, etc.      Snacks - Multi Category      Confectionery +Snacks (any)

Other: \_\_\_\_\_

### Payment Information

\_\_\_\_\_ Check made payable to "PMCA" enclosed in U.S. funds drawn on a US or Canadian Bank

\_\_\_\_\_ Credit Card Payment                      VISA                      MasterCard                      American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

#### Send Payment to:

PMCA, 2980 Linden St. Suite E3, Bethlehem, PA 18017  
Tel. & Fax: 1 (610) 625-4655 • [brandy.kresge@pmca.com](mailto:brandy.kresge@pmca.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.