PLASTIC SHIPPING CONTAINER INSTITUTE

1701 Pennsylvania Avenue, N.W.
Suite 300
Washington, D.C. 20006
info@pscionline.org

Application for Membership

I. Company Name and Address

_____
_____
_____

II. Type of Business

- _____Manufacturer of Five Gallon Plastic Pails

  ____Number of plants

- _____Supplier to Five Gallon Plastic Pail Industry

III. Company Representative

Name_____

Title_____

Telephone Number_____

Fax Number_____

Email Address_____

IV. I agree to abide by the bylaws of the PSCI.

_____
Signature of Company Representative