

PLASTIC SHIPPING CONTAINER INSTITUTE

1700 Pennsylvania Avenue, N.W.

Suite 400

Washington, D.C. 20006

info@pscionline.org

Application for Membership

I. _____

Applicant's 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 _____

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

Signature of Company Representative

