

Membership INVOICE – July 1, 2016 – June 30, 2017

MAILING INFORMATION:

DATE: _____

Name: _____

Company: _____

Address 1: _____

Address 2: _____

City: _____ State/Prov.: _____ Postal Code: _____ Country: _____

CONTACT INFORMATION:

Work Phone: _____ Fax: _____ Toll Free: _____

Home Phone: _____ Email: _____

DEMOGRAPHIC INFORMATION: *(Required - please complete items 1, 2, and 3 below)*

1. POSITION CLASSIFICATION (Check primary only)

- | | | |
|-----------------------------------|------------------------------|--|
| Management/Administration (A) | Research and Development (D) | Consulting (G) |
| Manufacturing and Engineering (B) | Technical Sales/Service (E) | Education (H) |
| Quality Control (C) | Sales and Marketing (F) | Librarian/Other (J) - Please specify:
_____ |

2. COMPANY CLASSIFICATIONS (Check all that apply)

- | | |
|--|--|
| <p>MANUFACTURER OF</p> <ul style="list-style-type: none"> Liquid Paints (A1) Varnish and Lacquer (A2) Printing Inks (A3) Sealants and Caulks (A4) Adhesives (A5) Powder Coatings (A6) UV/Radiation Curable Coatings (A7) Raw Materials (B) Equipment and Containers (C) Construction Chemical Intermediates (L) | <p>SALES AGENT FOR</p> <ul style="list-style-type: none"> Equipment (D1) Raw Materials (D2) Government Agency (E) Research/Testing/Consulting (F) Educational Institution/Library (G) Paint Consumer (H) Environmental Affairs (I) Computer Software/Services (K) Other (J) Please specify: _____ |
|--|--|

3. PRIMARY COMPANY CLASSIFICATION (Select only one)

Which one of the above company classifications best describes your company? Choose an item.

