

MEMBERSHIP APPLICATION



Pennsylvania Chemical Industry Council
Your Advocate for the Business of Chemistry

Name of firm/company:

Firm Website:

Firm's Primary SIC:

Check as appropriate:

- Regular Member: *(entities manufacturing, producing, distributing or marketing chemicals or chemical products)*
- Associate Member: *(entities which do not manufacture chemicals or other materials, but service and supply or otherwise support the chemical industry and related process)*
- Affiliate Member: *(organizations or associations that represent entities which manufacture, produce, distribute or market chemicals or chemical products or represent entities which manufacture, produce, distribute or market materials other materials.)*

List Pennsylvania Office/Site Locations:

PCIC main point of contact: _____

Title: _____

Phone: _____

Email: _____

Mailing address:

* Additional contact information forms on page 2

As a duly authorized representative of _____, I submit this application for regular membership in the Pennsylvania Chemical Industry Council (PCIC) and, on behalf of the firm, pledge agreement and acceptance of the by-laws of PCIC. I fully understand that the firm can be expelled from PCIC by the Board of Directors for non-payment of dues or failure to abide by the rules and regulations of PCIC.

Name Signed _____

Date Signed _____

Name Printed _____

Alternate Contact

PCIC alternate point of contact: _____

Title: _____

Phone: _____

Email: _____

Mailing address:

Accounts Payable Contact

PCIC alternate point of contact: _____

Title: _____

Phone: _____

Email: _____

Invoice mailing address:

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