

**2026 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.*
- Entrepreneur Member: *(entity manufacturing, producing, distributing or marketing, chemicals, petroleum, pharmaceutical, coatings, plastics, or related products, or providing unique, technology, innovations or services are eligible subject to the following eligibility requirements:*
  - i) The entity has been in business for less than five (5) years; and*
  - ii) The entity has ten (10) or fewer full-time employees; and*
  - iii) The entity has less than \$3M in annual revenue.*

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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