



CORPORATE MEMBERSHIP APPLICATION

Join the HCPC Today!

Full Membership in the Healthcare Compliance Packaging Council is available to the following types of businesses:

- Commercial manufacture and sale of plastic film, plastic sheet, or paperboard used in unit-of-use strip and blister packaging for pharmaceutical and other medical and diagnostic applications in the United States.
- Commercial manufacture and sale of metallic film or sheeting materials used in such packaging
- in the United States.
- Manufacture and sale of equipment used in the fabrication of such packaging.
- Converting, printing, or laminating of materials for such packaging.
- Contract packaging operations that use such packaging.

Non-Voting Membership is available to any company that would qualify for full membership but has annual sales of less than \$10 million in unitdose blister materials, and voluntarily elects to surrender its voting rights and board membership.

Associate Membership is available to any business or individual that is not eligible for full membership, but supports the goals of the Council. Associate members may not vote or serve on the Board of Directors.

Trade Association, Testing Company, Educational Institution and Consultant Memberships are available to those interested organizations or individuals.

Annual Dues Structure	
Full Membership	\$6,750
Non-Voting Membership	\$3,325
Associate Membership	\$3,325
Trade Association/Testing Company	\$1,000
Educational Institution	\$ 500
Consultant	\$ 500
Individual	\$ 195

PLEASE COMPLETE ALL SECTIONS

I. Company Profile

Company Name _____

Street Address/P.O. Box _____

City _____ State ____ Zip _____

Contact Name/Title _____

Tel. (____) _____

Fax (____) _____

E-Mail Address _____

Web Site Address (if applicable) _____

II. Membership Class

- Full
- Non-Voting
- Associate
- Trade Association or Test Company
- Educational Institution
- Consultant

III. Business Category (check one or more)

- Plastic Film/Sheet or Paperboard
- Manufacturer*
- Metallic Film or Sheeting Manufacturer
- Blister Packaging Machinery Manufacturer
- Converter, Printer, Laminator of Blister
- Packaging*
- Contract Packaging Operation
- Trade Association
- Testing Company
- Educational Institution
- Consultant
- Other (Please Specify) _____

IV. Payment Address

Please enclose check payable to the Healthcare Compliance Packaging Council, and mail to:

Vicki Welch, HCPC Communications Director
 Healthcare Compliance Packaging Council
 2711 Buford Road, #268 • Bon Air, VA 23235-2423
 Ph: (804) 338-5778

FOR NON-VOTING MEMBERS ONLY

Please sign the following certification:

As the designated representative to the Healthcare Compliance Packaging Council, I _____ (your name) certify that my company _____ (company name) has annual sales of less than \$10 million in blister packaging materials, and that we have elected to join the Healthcare Compliance Packaging Council on a non-voting basis.

Signature: _____