



Application for Membership

APPLICANT INFORMATION

Mr. Ms. Dr. Last Name _____ First Name _____ MI _____
Title _____ Organization _____ Department _____
Company Address _____
City _____ State _____ Zip/Postal Code _____
Home Address _____
City _____ State _____ Zip/Postal Code _____
Home Phone (____) _____ Business Phone (____) _____
Fax (____) _____ Email Address _____

Send all mail to my: Home Business Email

PACKAGING RESPONSIBILITIES

Please indicate your primary packaging responsibilities and qualifications:

State briefly why you desire to become a member:

Years in the Packaging Industry _____

Membership Category: User Supplier Other* (if other please specify) _____

Professional Interest Areas:

Please list three areas of interest (with one as your primary) to help us target member benefits to your professional interest (examples include Sales/Sales Management, Package Engineering, Machinery, Sustainability, Packaging Graphics)

1) _____

2) _____

3) _____

AGREEMENT

To the Board of Trustees:

I, _____, Packaging Professional who has primary employment and/or residence in New Jersey, hereby apply to become a member of the New Jersey Packaging Executives Club.

(Signed) _____ Date _____

The following NJPEC Membership sponsors are familiar with my qualifications:

Name _____ Company _____

Name _____ Company _____

Please include a check for \$80 for one year's membership dues.