



Massachusetts Package Stores Association, Inc.

30 Lyman St., Suite 2
Westborough, MA 01581
Phone: (800) 322-1383 Fax: (508) 366-1104
E-mail: info@masspack.org

2020 MEMBERSHIP APPLICATION

Please update information for ALL your store(s) below and include this form with your payment to renew your MPSA Membership(s) for 2020.

TERMS: PAYABLE UPON RECEIPT

EFFECTIVE MEMBERSHIP DATE: **January - December 2020**

MassPack Federal ID #04 1590893

Please review the below categories carefully in order to choose your appropriate fee structure. Your annual Membership Dues are based on store size which is determined by # of Full Time Employees/ or the stores weekly payroll hours. Select the appropriate category for each store you are joining.

ANNUAL MASSPACK MEMBERSHIP

of stores

Total

Level A = 10 + Full Time Employees (400+ weekly payroll hrs per store) _____ x \$399.00 = \$_____

Level B = 5 - 9 Full Time Employees (201 - 399 wkly payroll hrs per store) _____ x \$349.00 = \$_____

Level C = < 5 Full Time Employees (199 or less wkly payroll hrs per store) _____ x \$325.00 = \$_____

MEMBERSHIP FEE SUB TOTAL \$_____

VOLUNTARY CONTRIBUTIONS (Please add any voluntary contribution to your total below.)

_____ \$500 _____ \$300 _____ \$100 _____ OTHER

TOTAL AMOUNT PAID \$_____

Store #1 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Email: _____

Store #2 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Email: _____

Please make checks payable to: Massachusetts Package Stores Association and mail to: **30 Lyman St., Ste 2, Westborough, MA 01581**. To pay by credit card, please contact our office at (800)322-1383 or you may fill out the "Charge Information" below.

Charge Card# _____ Exp. Date: _____ Charge Amt: \$_____

Name on Card: _____ Card Address: _____

Signature: _____ Today's Date: _____ (OVER)

PLEASE NOTE: 40% of dues for The Massachusetts Package Stores Association ARE NOT deductible neither as a business expense nor as a charitable contribution. 60% of dues are deductible as a business expense in accordance with IRC Section 6033.

Please list information below for additional stores.

Store #3 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #4 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #5 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Store #6 Name: _____ Contact: _____ Phone: _____

Street: _____ City: _____ Zip: _____ Level (circle1): A B C

Primary Store Email: _____

Member Response Requested

1. Please tell us the MassPack programs or discounts which you currently utilize or interested in participating in.

- | | |
|---|---|
| <input type="checkbox"/> CheckWriter's Payroll | <input type="checkbox"/> Intellicheck ID Scanning |
| <input type="checkbox"/> Discounted Beverage Alcohol Training | <input type="checkbox"/> RAM-HIC Health Insurance |
| <input type="checkbox"/> First Data Credit Card Processing | <input type="checkbox"/> WB Mason Co. |
| <input type="checkbox"/> Fraudfighter ID Scanning | <input type="checkbox"/> Workers' Compensation |

2. We are continually looking to improve our association and its benefits to members. Please let us know how we can help better serve you or if there are other discounts/programs that you'd like to see offered.

3. I am interested in serving on the Board of Directors or volunteering for a MassPack Committee (check here) _____

Your Name: _____ Best # to reach you: _____

Thank you!