



# Massachusetts Package Stores Association, Inc.

30 Lyman St., Suite 2 / Westborough, MA 01581

Phone: (508) 366-1100 Fax: (508) 366-1104 E-mail: [info@masspack.org](mailto:info@masspack.org)

## 2024 MEMBERSHIP APPLICATION

- ONLINE OPTION:
1. Sign up at: <https://www.masspack.org/Retail-Membership>
  2. Click on Join MassPack at the bottom of the page and create a login.
  3. Fill in the information and pay online.

OR COMPLETE AND RETURN THE FOLLOWING TO MassPack:

*Please list information for ALL of your stores below and include this form with the payment to renew your MassPack Membership(s) for 2024.*

*Membership allows stores to participate in the discounted and dividend paying MASSPACK Workers' Compensation Insurance Program.*

TERMS: PAYABLE UPON RECEIPT

EFFECTIVE MEMBERSHIP DATE: **January - December 2024**

MassPack Federal ID #04 1590893

**ANNUAL MASSPACK MEMBERSHIP is \$500 per store. Please list below the total number of stores you will be paying for and the total amount you will be submitting for payment.**

### ANNUAL MASSPACK MEMBERSHIP

\_\_\_\_\_ # of stores x \$500.00 = MEMBERSHIP FEE SUB TOTAL \$ \_\_\_\_\_

STRATEGIC/VOLUNTARY CONTRIBUTIONS (Please add any contribution for the Strategic Fund to your total below.)

\_\_\_\_\_ \$1,000 \_\_\_\_\_ \$500 \_\_\_\_\_ \$300 \_\_\_\_\_ \$100 \_\_\_\_\_ OTHER

**TOTAL AMOUNT PAID \$ \_\_\_\_\_**

**Store #1** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Store #2** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Store #4** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Store #5** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Store #6** Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

### **Member Response Requested**

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

CheckWriter's Payroll  
Discounted Beverage Alcohol Training  
First Data Credit Card Processing  
401K/ Retirement Benefit

ID Scanning (Fraudfighter/Intellicheck)  
RAM-HIC Health Insurance  
WB Mason Co.  
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.**

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**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!**