

CPC Membership Application

Name: _____

Date: _____

Company Name: _____

Type of Business (relate to chemical packaging): _____

Job Title: _____

Description of job function (relate to chemical packaging): _____

Years in position: _____

CPC Membership Type: ___ Regular ___ Associate (Trade Organizations only)

Current IoPP member: ___ YES ___ NO (CPC Members must become IoPP Members)

Additional Information (If any): _____

The Chemical Packaging Committee By-Laws state that membership in CPC is contingent upon:

1. The Chemical Packaging Committee of the IoPP will consist of persons who are actively involved or interested in the manufacture, distribution or packaging of chemicals or the manufacture, distribution, or testing of packages used to transport chemicals.
2. Each **person** shall have one vote on the Chemical Packaging Committee. Members of CPC are encouraged to attend at least one of three meetings annually.
3. Members of CPC shall become and remain members of IoPP.
4. **Associate membership** may be extended by a majority vote of the Members to industry or trade associations who will add substantive value to the Chemical Packaging Committee's activities.
5. Continuing associate membership in CPC shall be dependent upon active participation in the assigned subcommittee and written or oral reports at meetings.

By checking this box, I agree to the above terms of membership.

Print Name: _____ Date: _____

www.iopp.org/cpc