



# Massachusetts Package Stores Association, Inc.

181 Park Avenue, Suite #5  
West Springfield, MA 01089  
Phone: (800) 322-1383 Fax: (413) 736-5880  
E-mail: info@masspack.org

BILL TO:

## 2017 MEMBERSHIP INVOICE

October, 2016

TERMS: PAYABLE UPON RECEIPT  
MassPack Federal ID #04 1590893

EFFECTIVE MEMBERSHIP DATE: January - December 2017

Please review the below categories carefully as important changes have been made to our fee structure. Annual Membership Dues are now 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 (200 - 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 \$\_\_\_\_\_

Additional VOLUNTARY Contribution: \$300\_\_\_\_\_ \$500\_\_\_\_\_ \$750\_\_\_\_\_ Other \$\_\_\_\_\_

MEMBERSHIP AND VOLUNTARY CONTRIBUTION TOTAL ENCLOSED \$\_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

EMAIL(s) for newsletter & alerts: \_\_\_\_\_

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

Store #3 Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

**Important: We ask that you please list all of your stores. You may list additional stores on back if necessary.**

Please make checks payable to: Massachusetts Package Stores Association. To pay by credit or debit 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.

(OVER)

Please list information below for additional stores.

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

Store #7 Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Level (circle1): A B C

Additional Email addresses to add to Newsletter / Member Alert list: \_\_\_\_\_

### **Member Response Requested**

Please tell us the MassPack programs or discounts which you currently utilize or participate in.

\_\_\_\_\_ CheckWriter's Payroll

\_\_\_\_\_ RAM-HIC Health Insurance

\_\_\_\_\_ Discounted Beverage Alcohol Training

\_\_\_\_\_ WB Mason Discount bags and supplies

\_\_\_\_\_ First Data Credit Card Processing

\_\_\_\_\_ Workers Compensation

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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I am interested in serving on the Board of Directors or volunteering for another MassPack Committee (check here) \_\_\_\_\_

Your Name: \_\_\_\_\_ Best # to reach you: \_\_\_\_\_

***THANK YOU!***