



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

2024 MEMBERSHIP APPLICATION

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.

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

VOLUNTARY STRATEGIC DEFENSE FUND - (Please add any additional contributions for the Strategic Fund, if you choose.)

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

TOTAL AMOUNT PAID \$_____

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

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

Primary Email: _____ Cell phone: _____

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: _____

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 for additional stores on the reverse side.

(OVER)

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: _____

Store #7 Name: _____ Contact: _____ Phone: _____

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

Primary Store Email: _____

MassPack is continually looking to improve the 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.

YES, 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 for your membership!