



2980 Linden St., Suite E3  
 Bethlehem, PA 18017  
 Tel: 610-625-4655  
 Fax: 610-625-4657  
 Email: [Brandy.Kresge@pmca.com](mailto:Brandy.Kresge@pmca.com)

## Membership Application

### Membership Categories

**Active Membership:** Active Members shall be manufacturers of confectionery products [such as chocolate type confectionery products (solid; solid with inclusions; enrobed or molded with bakery product, candy, nut, fruit or granola or other center; panned; assortments; etc.), non-chocolate type confectionery (hard candy; chewy candy; soft candy; panned or candy coated nuts; fruits; etc.; medicated hard candy; etc.) chewing gum and bubble gum] who pay the dues assessed by the corporation and who are accepted into membership. Active Members are also allowed to vote on topics discussed during the Annual Meeting of Members.

**Associate Membership:** Associate members shall be those companies who are closely allied with the manufacture of confectionery products such as suppliers of ingredients, services, machinery or equipment, who pay the dues assessed by the corporation and who are accepted into membership, and who qualify under the policies adopted from time to time, by the board of directors.

**Association Membership:** Association members shall be organization associations or nonprofit corporations in the industry or a closely allied industry that actively conducts business for the good of the industry as a whole and the purpose of which is similar to the purposes of this corporation. Annual Dues are currently not assessed.

**Please refer to the listing's above, and check the applicable membership category below:**

*Membership Dues cover a twelve month period which begins July 1 and runs until June 30 of the following year.*

<b>Active Membership</b>	<b>Associate Membership</b>
_____ \$345.00 - One Location in the USA	_____ \$345.00 - One Location in the USA
_____ \$400.00 - One Location out of the USA	_____ \$400.00 - One Location out of the USA
_____ \$1,380.00 - Four or More Locations in USA	_____ \$1,380.00 - Four or More Locations in USA
_____ \$1,600.00 - Four or More Locations out of USA	_____ \$1,600.00 - Four or More Locations out of USA

<b>Association Membership</b>	<b>Retired Membership</b>
_____ \$0.00 – Domestic or International	_____ \$0.00 – Domestic or International

*\*Note: For any additional locations under Four, multiply by the One Location price.  
 (i.e. two locations in USA \$345.00 x 2 = \$690.00)*

***Please use the reverse side of this application to complete your membership.***

## Membership Information

Membership Type: \_\_\_\_\_ Membership Amount: \_\_\_\_\_

Official Representative: \_\_\_\_\_

*\*This person will act as the representative for your company and will receive all mailings (Additional personnel may be added).*

Official Representative's Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Web Address: \_\_\_\_\_

*\*Please note for additional Company Locations please attach information.*

\_\_\_\_\_ We would like to be listed on PMCA's Web Page as a Member Company

**Describe your business (or attach copy) as you would like it to appear in our Membership Directory:**

*\*Please note we have the right to edit all descriptions.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any additional personnel that would also receive mailings (please include email addresses):**

_____	_____
_____	_____
_____	_____

### Payment Information

\_\_\_\_\_ We wish to pay by enclosed check made payable to "PMCA"

\_\_\_\_\_ We wish to pay by Credit Card and we have supplied our information below

Card Type:      AMEX                      VISA                      MASTERCARD

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_