

MEMBERSHIP APPLICATION



Company: _____
 Representative: _____
 Title: _____
 Main Office Street Address: _____
 City: _____ State/Province: _____ Postal/Zipcode: _____
 Telephone: (_____) _____ Fax: (_____) _____
 E-mail: _____ Web Site: _____

*Please list location of additional plants in space provided below.

Membership Categories: All membership applications must be submitted for the highest category for which the company is qualified.

Regular Membership (Check Category Below)

Category	Sales Revenues (in \$ Millions)	Dues	
<input type="checkbox"/> A.	< 5M	\$900	<input type="checkbox"/> Affiliate Membership (\$1,500)
<input type="checkbox"/> B.	6M- 15M	\$1,800	<input type="checkbox"/> Associate Membership (\$1,000)
<input type="checkbox"/> C.	16M- 25M	\$3,600	<input type="checkbox"/> Foreign Membership (\$500)
<input type="checkbox"/> D.	26+M-50M	\$7,000	<input type="checkbox"/> Non-Profit Membership (\$295)
<input type="checkbox"/> E.	51M- 150M	\$10,000	
<input type="checkbox"/> F.	>151M	\$15,000	

Regular Members: Please indicate the type of products your company produces.

	Bagged	Bulk	Palletized		Bagged	Bulk	Palletized	Bales
Pine Nuggets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pine Mini-Nuggets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Top Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pine/Fir Mulch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potting Soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hardwood Mulch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional Mix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Western Decorative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peat (Sphagnum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cedar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peat Humus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cypress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pine Straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Enhanced Mulch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other (Specify): _____								

Associates & Affiliates: Please describe your products or services as they apply to the mulch & soil industry:

LOCATION OF ADDITIONAL PLANTS BY CITY AND STATE

City/State

City/State

Payment: Payment must accompany application. MSC will accept check or credit card payment (U.S. dollars only).

Total Payment Enclosed: \$ _____

Payment Type:

- Check Enclosed: # _____
- Credit Card (check one):
 - Visa MC AmEx

Card # _____
 Name on Card _____ Exp Date _____
 Signature _____

If elected to membership, I will abide by the Bylaws of the MSC and support its purpose and objectives.

Signature _____ Date _____

Send application with payment to:

Mulch & Soil Council
10210 Leatherleaf Court
Manassas, VA 20111-4245
Tel: 703.257.0111 Fax: 703.257.0213
info@mulchandsoilcouncil.org
www.mulchandsoilcouncil.org