



Manufacturer

Membership Application

Company Information

Contact Name _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____ Website _____

Animals your products are for:

- Dogs Cats Birds Aquatics Small Mammals Reptiles/Amphibians Other

Membership Dues (Gross Pet Product Sales):

- | | |
|--|--|
| <input type="radio"/> Up to \$1 million — \$500 | <input type="radio"/> \$15 million to <\$25 million — \$15,000 |
| <input type="radio"/> \$1 million to <\$3 million — \$1,000 | <input type="radio"/> \$25 million to <\$35 million — \$20,000 |
| <input type="radio"/> \$3 million to <\$5 million — \$1,500 | <input type="radio"/> \$35 million to <\$50 million — \$35,000 |
| <input type="radio"/> \$5 million to <\$7 million — \$2,500 | <input type="radio"/> \$50 million to <\$100 million — \$40,000 |
| <input type="radio"/> \$7 million to <\$10 million — \$3,500 | <input type="radio"/> \$100 million to <\$500 million — \$60,000 |
| <input type="radio"/> \$10 million to <\$12 million — \$7,500 | <input type="radio"/> \$500 million to <\$1 billion — \$100,000 |
| <input type="radio"/> \$12 million to <\$15 million — \$10,000 | <input type="radio"/> \$1 billion and above — \$150,000 |

Please consider an additional contribution to the PIJAC Legislative Defense Fund

Payment Information:

Dues Amount: _____

Legislative Defense Fund: _____

Total Amount \$ _____

Payment Options: (U.S. Funds Only)

- Check enclosed (payable to PIJAC)
- Credit Card: __ MasterCard __ Visa __ Amex

Card # _____ Security Code _____ Exp. Date _____

Name on card _____

Signature _____

Address for CC (if different than above): _____

- Automatically renew my membership annually using credit card above
- If applicable, please list my company as part of the Chairman's or President's Club
- No, I do not want to receive PIJAC communications by e-mail

In addition to myself, please add the following staff from my company to email list.

Name	Title	Email address
_____	_____	_____
_____	_____	_____
_____	_____	_____

SEND COMPLETED APPLICATION AND PAYMENT TO:

PIJAC / 1615 Duke Street, Suite 100 / Alexandria, VA 22314 / info@pijac.org / 202.452.1525 / (f) 703-997-4270