



PolymerOhio Network Membership Form

Please complete the information below and return it to PolymerOhio at the address below. You may also complete this form by visiting www.PolymerOhio.org and clicking "Become A Member" in the red box.

Membership Levels

Industry Member – companies that are actively engaged in commerce within the polymer industry and organizations whose primary services are polymer industry specific. The number of full-time employees determines the annual membership fee.

Fewer than 25 full-time employees	\$250.00
25-150 full-time employees	\$500.00
151-500 full-time employees	\$1,000.00
Greater than 500 full-time employees	\$2,000.00

Associate Member – membership is available to universities, community and technical colleges, vocational schools and other institutions of learning along with economic development agencies, legal, financial and similar professional and service organizations.

Academia	
4-year institution	\$2,000.00
2-year vocational or other	\$500.00
Economic Development	\$500.00
Professional Services	
Fewer than 5 full-time employees	\$500.00
6-25 full-time employees	\$1,000.00
Greater than 25 full-time employees	\$2,500.00

About Your Organization

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

County _____

Phone (____) _____ Fax (____) _____ Toll Free (____) _____

Parent Company _____

Parent Company Address (if different) _____

City _____ State _____ Zip _____

County _____

Phone (____) _____ Fax (____) _____ Toll Free (____) _____

Industry (check one primary)

- Academic & Technical Institution
- Equipment & Parts Supplier
- Government Agency
- Material Supplier
- Moldmaker
- OEM
- Processor
- Processor & Moldmaker
- Service Provider
- Other (Specify _____)

Materials Used (ex: PET, _____)

Primary NAICS _____ Number of Employees _____

Annual Sales \$ _____ Company Website URL: www._____

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About Primary Company Representative to PolymerOhio

First Name _____ Last Name _____
Title _____
Direct Phone (____) _____ Signature _____
Email _____

Additional Employees (at this location only)

Please list any other employees who will be accessing the Member Area of the PolymerOhio Web site (continue on a separate piece of paper if necessary)

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

First Name _____ Last Name _____
Email _____
Title _____
Direct Phone (____) _____

Payment

- Check enclosed payable to ***PolymerOhio, Inc.***
- Invoice the above company – Attn: _____
- Charge
 - Visa Mastercard American Express
 - Card Number _____ Expiration Date ____/____/____
 - Cardholder Signature _____

Please return this form to the attention of Marilyn Grant at the address below:

155 Commerce Park Drive
Suite 8
Westerville, OH 43082

Questions: 614-776-5720

Fax: 614-776-5723