



HEALTHCARE COMPLIANCE PACKAGING COUNCIL
IMPROVING PATIENT ADHERENCE AND OUTCOMES THROUGH PACKAGING

Corporate Membership Application

Join the HCPC Today

Full Membership in the Healthcare Compliance Packaging Council is available to the following types of businesses:

- Commercial manufacture and sale of plastic film, plastic sheet, or paperboard used in unit-of-use strip and blister packaging for pharmaceutical and other medical and diagnostic applications in the United States.
- Commercial manufacture and sale of metallic film or sheeting materials used in such packaging in the United States.
- Manufacture and sale of equipment used in the fabrication of such packaging.
- Converting, printing, or laminating of materials for such packaging.
- Contract packaging operations that use such packaging.

Non-Voting Membership is available to any company that would qualify for full membership but has annual sales of less than \$10 million in unit dose blister materials, and voluntarily elects to surrender its voting rights and board membership.

Associate Membership is available to any business or individual that is not eligible for full membership, but supports the goals of the Council. Associate members may not vote or serve on the Board of Directors.

Trade Association, Testing Company, Educational Institution, Consultant and Individual Memberships are available to those interested organizations or individuals.

Annual Dues Structure and Membership Categories

- Full Membership – \$6,000
- Non-Voting Membership – \$3,000
- Associate Membership – \$3,000
- Trade Association/Testing Company – \$1,000
- Educational Institution – \$500
- Consultant – \$500
- Individual - \$195

Membership Application - Please Complete All Sections

I. Company Profile

Company Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip _____

Contact Name/Title _____

Tel. (____) _____

Fax (____) _____

E-Mail Address _____

Web Site Address (if applicable) _____



HEALTHCARE COMPLIANCE PACKAGING COUNCIL
IMPROVING PATIENT ADHERENCE AND OUTCOMES THROUGH PACKAGING

II. Membership Class (check one)

- Full
- Non-Voting
- Associate
- Contract Packaging Operation
- Trade Association
- Testing Company
- Educational Institution
- Consultant
- Individual
- Other (Please Specify)

III. Business Category (check one or more)

- Plastic Film/Sheet or Paperboard Manufacturer
- Metallic Film or Sheeting Manufacturer
- Blister Packaging Machinery Manufacturer
- Converter, Printer, Laminator of Blister Packaging
- Testing Company
- Educational Institution
- Consultant
- Other (Please Specify)

Non-Voting Members ONLY must sign the following certification:

As the designated representative to the Healthcare Compliance Packaging Council, I certify that my company, _____ (name of firm) has annual sales of less than \$10 million in blister packaging materials, and that we have elected to join the Healthcare Compliance Packaging Council on a non-voting basis.

Signature: _____

Printed Name: _____

We thank you for your application to join the Healthcare Packaging Compliance Council!

Please enclose check payable to the Healthcare Compliance Packaging Council, and mail to:

Vicki Welch
Communications Director
Healthcare Compliance Packaging Council
2711 Buford Road, #268
Bon Air, Virginia 23235- 2423
Telephone (804) 338-5778
FAX 888-812-HCPC (4272)