



# ista®

# Membership Application

distributing confidence, worldwide.

## 1: Select the appropriate membership classification that best fits your membership situation.

### Membership WITHOUT a Testing Laboratory

**Primary Location**

Classification – choose one:  Carrier  Shipper  Supplier

Annual Dues	Pro-rated dues according to date joined:		
	Apr-Jun	Jul-Sep	Oct-Dec (includes next yrs dues)

**\$600**    \$450    \$300    \$750

**Additional Location**

Classification: Shipper Only

Shipping location not located at Primary Location's address.

**\$100**

**Associate**

Any individual employed by an existing Primary Location.

**\$100**

**Individual**

Must satisfy one or more of the following criteria:

- Retired from the packaging industry.
- Self employed.
- Will Not be certifying a laboratory **AND** Will Not be using the Certification Mark.

**\$150**

**Student**

Any individual presently enrolled at an accredited educational institute in an undergraduate or graduate packaging program.

Dues based on university's membership with ISTA.

**\$10 Member University**

**\$30 Non member University**

### Membership WITH a Testing Laboratory

**Primary Location**

Classification – choose one:  Carrier  Shipper  Supplier  3<sup>rd</sup> Party Testing Laboratory

Sub Classification – choose one:  Commercial  Limited

Procedure Capability - choose one:

1-Series, and/or 2D and 2E only; or 7D only

1- and 2-Series (any combination)

1-, 2-, 3-, 4-, 6-Series (any combination)

Annual Dues	Pro-rated dues according to date joined:		
	Apr-Jun	Jul-Sep	Oct-Dec (includes next yrs dues)
<b>\$800</b>	\$600	\$400	\$1,000
<b>\$850</b>	\$638	\$425	\$1,063
<b>\$900</b>	\$675	\$450	\$1,125

#### Classification Descriptions:

- **Carrier:** Any organization primarily engaged in the transportation or distribution of goods in commerce.
- **Shipper:** Any organization that enters goods into physical distribution (product manufacturer or brand owner). Requires submission of a signed ISTA License Agreement.
- **Supplier:** Any organization engaged in the supply of materials, goods or services relating to the physical distribution of goods.
- **Testing Laboratory:** Any independent laboratory engaged in preshipment testing of packaged-products in accordance with ISTA standards. ISTA Certified Laboratories are further classified one of two ways - **Commercial** or **Limited**. Commercial Labs offer testing services to all companies with little or no restrictions. Limited Labs offer testing services that may be restricted by company policy (usually this is a supplier that tests only for customers.)

## 2. ALL MEMBERS - Please provide the following CONTACT AND BILLING information.

### MEMBER LOCATION INFORMATION:

DATE:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

PHONE:

FAX:

WEBSITE:

Main Product or Service offered:

### CONTACT INFORMATION:

DELEGATE (primary contact):

JOB TITLE:

DIRECT LINE:

EXTENSION:

EMAIL:

ALTERNATE (secondary contact; Primary Locations only):

JOB TITLE:

DIRECT LINE:

EXTENSION:

EMAIL:

### PAYMENT INFORMATION: Payment due with application

VISA  MASTERCARD  AMEX

CREDIT CARD NUMBER:

EXP DATE: /

CHECK (Check Number:)

WIRE TRANSFER (Contact ISTA for bank details; ista@ista.org)

INVOICE (Purchase Order required for this option. Final payment required before application is fully processed.)

PURCHASE ORDER NUMBER:

### FOR ALL FUTURE DUES INVOICES:

Bill Company, attention to Delegate

Bill different address/contact – listed below:

BILL TO COMPANY:

ATTENTION OF:

ADDRESS:

CITY, STATE:

ZIP, COUNTRY:

### 3. Please CHOOSE ONE and download the appropriate documents.

#### WILL YOUR LOCATION BE USING THE ISTA CERTIFICATION MARK?

YES       NO

If YES, please download, review, sign and return the LICENSE AGREEMENT to ISTA Headquarters. Your artwork will not be sent to you until we receive a completed License Agreement. The Certification Mark is available for SHIPPER MEMBERS ONLY.

**Download Now:** [https://secure.ista.org/forms/ISTA\\_LICENSE\\_AGREEMENT.pdf](https://secure.ista.org/forms/ISTA_LICENSE_AGREEMENT.pdf)

#### DO YOU WISH TO CERTIFY A LABORATORY?

YES       NO

If YES, please download the necessary certification forms. Please be aware that your membership is not complete until your equipment verification forms and video are received and reviewed by ISTA.

**Download Now:** <https://secure.ista.org/forms/LabCertificationandForms.pdf>

### 4. Complete for ADDITIONAL LOCATIONS Only.

**ADDITIONAL LOCATIONS:** Shipper Member Companies may wish to include **ADDITIONAL LOCATIONS** with their Primary Location membership. This option is available for a cost of **\$100 per year** per Additional Location, in addition to the Primary Location membership dues. Billing for Additional Locations will be sent to the Primary Location Bill To information unless otherwise directed. Additional Locations will share a Manufacturer's License Number with the Primary Location. Please indicate contact information for Additional Locations below (use additional pages as necessary).

#### PRIMARY MEMBER COMPANY NAME:

LOCATION NAME:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

DELEGATE:

TITLE:

PHONE:

EMAIL:

LOCATION NAME:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

DELEGATE:

TITLE:

PHONE:

EMAIL:

## 5. Complete for ASSOCIATE MEMBERS Only.

**ASSOCIATE MEMBERS:** All Member Companies may include **ASSOCIATE MEMBERS** with their Primary Location membership. Associates must not be the Delegate or Alternate, are considered Individual members, and may be employed at a company location other than the Primary Location. Associate membership dues are **\$100 per year**, in addition to Primary Location membership dues. Please indicate contact information for Associate Members below (use additional pages as necessary).

### PRIMARY MEMBER COMPANY NAME:

**NAME:**

TITLE:

ADDRESS:

CITY, STATE, ZIP:

DIRECT LINE:

EXTENSION:

EMAIL:

**NAME:**

TITLE:

ADDRESS:

CITY, STATE, ZIP:

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EXTENSION:

EMAIL: