



PORTABLE SANITATION ASSOCIATION INTERNATIONAL

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Membership Application

COMPANY NAME _____

CONTACT NAME _____ TITLE _____

ADDRESS (Mailing) _____ (Street) _____

CITY _____ PROVINCE / STATE _____ ZIP / POSTAL CODE _____ CITY _____ PROVINCE / STATE _____ ZIP / POSTAL CODE _____

COUNTRY _____ COUNTRY _____

PHONE NUMBER (_____) _____ FAX NUMBER* (_____) _____

TOLL-FREE NUMBER (_____) _____ TOLL-FREE FAX (_____) _____

E-MAIL* _____ WEB SITE _____

REFERRED BY _____

MEMBERSHIP CATEGORY: REGULAR (**Number of Units**)* _____

* **CONFIDENTIAL** information for PSAI use only. ASSOCIATE (**Product**) _____

Membership Category

REGULAR: Any person, firm or corporation in the portable sanitation or site services industry that is leasing, renting or servicing portable sanitation facilities.

ASSOCIATE: Any person, firm, or corporation in the manufacture or distribution of equipment, materials, supplies or consultation to the portable sanitation or site services industry.

EXTRA MAILING: For any member firm which would like to have the newsletter and announcements sent to another person or location, e.g. corporate headquarters, sales office, etc. (Non-voting)

Your investment in the PSAI is due annually (on the anniversary of the month in which you joined) and is tax-deductible as a regular business expense. The fee schedule is as follows (**payable in U.S. funds**):

REGULAR MEMBERSHIP*:	UNITED STATES		INTERNATIONAL
Up to 100 units	\$180	or \$ 53/ Quarterly	\$170
101 to 200 units	\$295	\$ 99/ Quarterly	\$200
201 to 500 units	\$410	\$123/ Quarterly	\$240
501 to 1000 units	\$580	\$174/ Quarterly	\$355
1001 to 2000 units	\$810	\$243/ Quarterly	\$510
2001 to 5000 units	\$1100	\$330/ Quarterly	--
More than 5000 units	\$.24/unit per year	--	--
ASSOCIATE MEMBERSHIP*:	\$365	--	\$365
EXTRA MAILING*:	\$90	--	\$90

For PSAI Use
Web 09

[] Check Enclosed; or Charge **full** year dues to: [] MasterCard [] VISA [] American Express

Card Number: _____ Expiration Date: _____

Cardholder Signature _____

Cardholder Name (please print) _____

