



## 2017 BPIA MEMBERSHIP APPLICATION & RENEWAL FORM

Complete this form to **apply for or renew** membership in BPIA. The BPIA Membership Committee will confirm that the applying company meets the requirements for membership at the appropriate level and will recommend prospective new members to the BPIA Board of Directors for final approval.

**Membership: All member companies are eligible to vote in elections of the board of directors and on any policies, positions or issues brought before the membership by the board.** Membership dues are based on the annual gross revenue generated within the biopesticide or biostimulant industry, as defined by BPIA. Revenue may come from biopesticide or biostimulant product sales, active ingredient sales, or raw materials/input sales to biopesticide or biostimulant manufacturing companies, and/or services such as consulting, toll manufacturing, distribution, or other sources deemed appropriate by BPIA. Please determine your company’s membership category and dues level from the information provided below.

### Membership Categories

- **Basic Manufacturer:** Manufacturer or registrant of biopesticide or biostimulant products.
- **Allied Material Manufacturer:** Material, including formulation material, provider to the biopesticide or biostimulant industry including toll manufacturer not holding registration(s).
- **Marketer or Distributor:** Marketer or distributor of biopesticide or biostimulant products not holding registration(s).
- **Grower or Food Processor:** Grower of plants or agricultural produce for commercial sale or food processor combining raw food ingredients to produce marketable food products not holding registration(s).
- **Service Provider:** Service provider to the biopesticide or biostimulant industry including financial, marketing, regulatory, laboratory, and research services not holding registration(s).
- **Sole Proprietor:** Sole proprietorship or member of any other category with two or less full time employees not holding registration(s).
- **Affiliate:** Affiliate or subsidiary of a member of any category with annual gross revenue generated within the biopesticide or biostimulant industry that is already accounted for in the revenue of that other member are eligible for full voting membership at a rate of \$2,060 per year.

**2017 BPIA Membership Dues (USD)**

Biopesticide or Biostimulant Revenue Declared	Basic Manufacturer	Allied Material Manufacturer	Marketer or Distributor	Grower or Food Processor	Service Provider	Sole Proprietor
>\$100 Million	\$18,025	\$15,450	\$15,450	\$12,875	\$12,875	\$12,875
Between \$50 Million and \$100 Million	\$15,450	\$12,875	\$12,875	\$10,300	\$10,300	\$10,300
Between \$25 Million and \$50 Million	\$10,300	\$7,725	\$7,725	\$6,180	\$6,180	\$6,180
Between \$10 Million and \$25 Million	\$7,725	\$5,150	\$5,150	\$4,120	\$4,120	\$4,120
Between \$5 Million and \$10 Million	\$7,725	\$5,150	\$5,150	\$4,120	\$4,120	\$2,575
Between \$300,000 and \$5 Million	\$3,090	\$2,575	\$2,575	\$2,060	\$2,060	\$1,030
< \$300,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000

Company Name: \_\_\_\_\_ Company web address: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Dues Level: \$ \_\_\_\_\_

Please Check One

New Member:

Renewing Member:



## 2017 BPIA MEMBERSHIP APPLICATION & RENEWAL FORM

### BPIA Primary Member Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State or Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Please have additional contacts for your company register on the BPIA website at: [www.bpia.org](http://www.bpia.org)

### BPIA Operating Principles:

BPIA has developed a basic list of operating principles that should be recognized and followed by all BPIA member companies.

#### ***BPIA's Operating Principles:***

BPIA members will manufacture or distribute products that have appropriate EPA, PMRA, EU or other equivalent registrations as necessary.

BPIA members will have proper product stewardship at all levels of the value chain.

BPIA members will have processes for maintaining product quality, integrity, and resolving product complaints.

BPIA members will use scientifically-valid efficacy tests when supporting claims and promotions.

BPIA members will use commercially-acceptable product efficacy levels in target geography with minimal field trial variability.

### **BPIA Operating Principals and Dues Affirmation**

By signing below, I, an authorized representative of the applicant company, confirm that the information provided regarding our membership and dues are accurate. In addition, I confirm that I have reviewed the BPIA Operating Principles above and understand the importance of supporting these guidelines as a member of BPIA.

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2017 BPIA MEMBERSHIP APPLICATION & RENEWAL FORM

### Payment Instructions and Credit Card Authorization Form

**Payment by Mail:** Payment by mail should be in the form of a check and mailed along with your membership renewal form to BPIA at P.O. Box 313, Oakton, VA 22124, USA.

**Payment by Credit Card:** Payment by credit card requires an additional 3.5% fee for credit card processing. Multiply your company's membership dues (determined by your company above) by 1.035 and pay this amount. Use the form below for credit card authorization.

**Please remember to email or mail the completed Membership Application & Renewal Form to BPIA at [jones@bpia.org](mailto:jones@bpia.org) or P.O. Box 313, Oakton, VA 22124, USA.**

Please check here if a receipt of payment is required.

CREDIT CARDHOLDER INFORMATION					
AUTHORIZED AMOUNT	DUES FOR 2017: \$		DUES X 1.035: \$		
NAME ON CREDIT CARD			Card Verification Value (CVV):		
			CVV for Visa or MasterCard are the last three digits of the number printed on the signature strip on the back of the card. CVV for American Express appears as a separate 4-digit code printed on the front of the card.		
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					
ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY			STATE		
			ZIP CODE		

AUTHORIZATION OF CARD USE			
I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field.			
CARDHOLDER NAME			
SIGNATURE		DATE	