



Membership Application

Level of Membership (please select one)

Class A

- Executive (\$12,000.00 per year)
- Participating (\$1,000.00 per year)
- Government/State (\$500.00 per year)

Class B

- Associate (\$2,500.00 per year)

Applicant Information (please print)

Company Name:			
Company Address 1:			
Company Address 2:			
City:	State:	Zip Code:	
Company Telephone:	Company Fax:		
Email:	Company Website Address:		

Person(s) to be covered under this membership (list primary contact person first):

Primary Contact Name:			
Title:			
Company Address 1:			
Company Address 2:			
City:	State:	Zip Code:	
Company Telephone:	Company Fax:		
Email:			

Additional person(s) to be covered under this membership:

Please indicate company name if different than Applicant.

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:			Fax:
Email:			

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:			Fax:
Email:			

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:			Fax:
Email:			

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:			Fax:
Email:			

Additional person(s) to be covered under this membership: (Cont'd)

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
Email:			

Contact Name:			
Title:			
Company Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Telephone:	Fax:		
Email:			

Company Structure: (Check all that apply)

- Distillery Broker Trade Association Winery Governmental Distributor Other

If other, please explain:

Is applicant the Parent Company? Yes No

If no, list name of the Parent Company:

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List all subsidiaries and/or companies you represent:

Indicate in which of the following Control States the Applicant is doing business:

- | | | | | |
|----------------------------------|----------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Utah | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Virginia | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Maine | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington | County, MD |

Application completed by:		Date:	
Title:			
Amount of check enclosed: (Payable to GS1 US)			

Please return the completed application to:

ABI EC Council
c/o GS1 US™
Attn: Stephen R. Arens
1009 Lenox Drive, Suite 202
Lawrenceville, NJ 08648, USA
Phone: 609.620.4511 Fax: 609.620.1200

FOR GS1 US USE ONLY

Date Received:		Membership Effective Date:	
Membership Category:			
Class A:	<input type="checkbox"/> Executive	<input type="checkbox"/> Participating	<input type="checkbox"/> Government/State
Class B:	<input type="checkbox"/> Associate		
Check#:		Amount:	\$