



Application for Membership

This application for membership to the Independent Container Manufacturers Alliance is subject to approval by current membership.

Please complete this membership application and return it with a check for \$2,250 annual membership dues for full membership.

Independent Container Manufacturers Alliance
Attention: Susan Martorana
600 N. Prairie
Industrial Parkway
Mulberry, Florida 33860

Phone 863/869-9339
Toll free 800/699-ICMA (4262)
Fax 863/869-8566
Email Floridacan@hotmail.com

Company _____
Contact _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Fax _____
Email _____ State you are reserving _____
Website _____

Please describe your geographic market.

Please provide the following preliminary information about your suppliers and descriptions of these items that will assist the ICMA with securing purchase agreements. We will need the name of your current suppliers and a description of the products that you need. This information is **voluntary**, and will be kept **confidential**.

Employee Health Insurance _____

Workman's Compensation Insurance _____

Business Insurance _____

Number of Employees _____

Decals _____

Casters _____

Leasing/Finance _____

Freight _____

Steel _____

Welding Wire _____

Propane _____

Hinge ears _____

Hinge rods _____

Paint _____

Other items purchased _____
