



Corporate Membership Application

Member Information

Application
Date: _____

Company
Name: _____

Primary
Contact*:

Last First M.I.

** Name of in-house attorney that will act as the primary representative to PLAC*

Address:

Street Address Suite #

City State ZIP Code

Phone: _____

Email: _____

Agreement

My signature below authorizes PLAC (Product Liability Advisory Council) to enter our corporation onto the membership rolls of the Association, and to bill our corporation for membership dues.

Signature: _____

Date: _____