



**Enroll unlimited members from the same Company for \$150. Print additional forms as you need.**

	Member Name	Job Title	Phone	E-mail Address (Required)	ACS Member		Rubber Division Member		New MARPG Member	
					Yes	No	Yes	No	Yes	No
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Mail, E-mail or Fax to:**  
  
**Bruce Rhoades**  
**2075 Detwiler Road**  
**PO Box 305**  
**Kulpsville, PA 19438**  
**brhoades@gtweed.com**

Credit Card: American Express \_\_\_\_\_ Discover \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Billing Phone\* \_\_\_\_\_ Security Code\* \_\_\_\_\_

Card Billing Address\* \_\_\_\_\_  
 \_\_\_\_\_ Zip\* \_\_\_\_\_

***\*Required for Processing***