PART I: COMPANY INFORMATION

COMPANY NAME: ____________________________ REFERRED BY: ____________________________

CONTACT NAME: ____________________________ TITLE: ____________________________

EMAIL: __________________________________

ADDRESS (Mailing): ____________________________ (Physical): ____________________________

CITY   STATE   ZIP   COUNTRY  CITY   STATE   ZIP   COUNTRY

BUSINESS/CUSTOMER PHONE: ____________________________ CONTACT CELL PHONE: ____________________________

WEBSITE: __________________________________  FAX: ____________________________

MEMBERSHIP CATEGORY (see definitions below):  [ ] Operator  [ ] Supplier  [ ] Broker

Membership Categories and Tiers

OPERATOR: Any person, firm or corporation in the portable sanitation or site services industry that is leasing, renting or servicing portable sanitation facilities.

SUPPLIER: Any person, firm, or corporation engaged in the manufacture or distribution of portable restroom equipment, materials, supplies, services or consultation to operators, other suppliers, non-governmental organizations and government agencies.

BROKER: Any person, firm, or corporation which acts as the agent of, or functions as the intermediary for, one or more operators or suppliers while neither owning nor being an employee of those companies.

Your dues investment in the PSAI is paid annually on the first day of the month corresponding with the anniversary of when you joined the PSAI. The fee schedule is as follows (payable in U.S. funds):

<table>
<thead>
<tr>
<th>MEMBERSHIP TIERS</th>
<th>US/CANADA</th>
<th>SPECIAL INTERNATIONAL RATE FOR COMPANIES DOING ALL THEIR BUSINESS OUTSIDE THE US AND CANADA (some benefits are limited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronze-all categories</td>
<td>$ 495</td>
<td>$295</td>
</tr>
<tr>
<td>Silver Operator</td>
<td>$ 1,395</td>
<td></td>
</tr>
<tr>
<td>Silver Supplier or Broker</td>
<td>$ 2,200</td>
<td></td>
</tr>
<tr>
<td>Gold Operator</td>
<td>$ 2,395</td>
<td></td>
</tr>
<tr>
<td>Gold Supplier or Broker</td>
<td>$ 6,295</td>
<td></td>
</tr>
<tr>
<td>Platinum Operator</td>
<td>$ 6,000</td>
<td></td>
</tr>
<tr>
<td>Platinum Supplier or Broker</td>
<td>$13,325</td>
<td></td>
</tr>
<tr>
<td>Titanium Operator</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td>Titanium Supplier or Broker</td>
<td>$25,000</td>
<td></td>
</tr>
</tbody>
</table>

Portable Sanitation Association International
2626 E 82nd Street – Ste 175, Bloomington, MN 55425 USA
Telephone +1-952-854-8300  FAX +1-952-854-7560
Visit us at psai.org  Email: info@psai.org
PART II: THE CODE OF EXCELLENCE FOR PORTABLE SANITATION

The PSAI has adopted a Code of Excellence for our industry. It is intended to define what the best portable sanitation companies already do and what good companies are working toward. Through this Code we hope to educate the public regarding what they can reasonably expect from a good portable sanitation provider and help the industry serve customers better. A copy of the Code is available for download at http://psai.org/read-the-code/

MEMBERSHIP AGREEMENT: My company will abide by the PSAI Code of Excellence: ☐ Yes ☐ No

Signature ____________________________________________

You must answer and sign above in order for your membership to be active in the coming year.

PART III: INFORMATION SHARING

The PSAI is strongest when Members share information. We do not do this without your consent.

☐ Yes ☐ No My company should be named on all public listings of PSAI Members (customer search engine on the PSAI website, Industry Resource Directory, event attendee lists, etc.)

☐ Yes ☐ No My Company should be included on lists provided to PSAI allies who offer benefits which may bring value to my business. This includes the American Rental Association, which will provide me with newsletters as well as access to training and event resources relevant to my company.

PART IV: PAYMENT INFORMATION

☐ Check enclosed; or charge full year ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Signature: __________________________________

Cardholder Name (please print): ____________________________

Cardholder Email: _______________________________________

Card Number: __________________________________________ Exp (MM/YY): ____/____ CSC Code: _______

All Members will receive a welcome packet and a copy of the paid invoice after the application has been processed. In addition, payments via credit card will receive an emailed receipt when the payment is processed.

Please mail payment to:
PSAI
2626 East 82nd St, Ste 175
Bloomington, MN 55425