BPI Member Company Profile

*\*Company details will be displayed in BPI’s online product catalog:* <http://products.bpiworld.org/>*\**

\*Company/Corporate Name:

\*Street Address:

\*City / State / Zip Code:

\*Country:

\*Company Email:

\*Company Phone:

\*Company Website:

\*Company Description (150 words or less):

\*Company Logo: Please send the version of your corporate/brand logo that you would like to see displayed on your company’s page in BPI’s online product catalog. We ask for PNG, JPG, or GIF file formats less than 2 MB in size. 300 x 200 is the optimal pixel ratio.

**Primary Contact Information:** Please provide contact information for the person in your organization whose job it is to manage your relationship with BPI. This person will receive communications from BPI: including, but not limited to, information about products going through the certification process, recertification information, BPI Certification Mark/artwork usage requirements, information about sublicenses, and BPI Member newsletters.

Name of Primary Contact:

Job Title:

Email:

Phone:

WeChat/What’s App:

*Is this person an employee of the above-named company? Yes No*

*If not, what is this person’s affiliation with the company?*

**Billing Contact Information:** Please provide contact information for the person in your organization to whom we should send invoices and all other billing matters. If this is the same person as the primary contact, please indicate that below.

Name of Billing Contact:

Job Title:

Email:

Phone:

WeChat/What’s App:

*Is this person an employee of the above-named company? Yes No*

*If not, what is this person’s affiliation with the company?*

**Artwork and Marketing Contact:** Please provide contact information for the person in your organization who manages on-product, on-packaging, and other artwork where the BPI Certification Mark and compostability messaging will appear. If this is the same person as the primary contact, please indicate that below.

Name of Artwork and Marketing Contact:

Job Title:

Email:

Phone:

**Voting Contact:** Periodically, BPI is required by its Bylaws to hold full membership votes. Please provide contact information for the person who will cast votes on behalf of your organization. If this is the same person as the primary contact, please indicate that below.

Name of Voting Contact:

Job Title:

Email:

Phone:

**Other Contacts:** Please provide contact information for people in your organization not listed above who would like to receive member newsletters and other emails from BPI.

Other Contact Name:

Job Title:

Email:

Phone:

Other Contact Name:

Job Title:

Email:

Phone:

Other Contact Name:

Job Title:

Email:

Phone: