

Met-Pro Corporation

Dividend Reinvestment and Direct Stock Purchase Plan Enrollment Form

Enrolling in the Plan	<p>I wish to enroll in the Met-Pro Corporation Dividend Reinvestment and Direct Stock Purchase Plan (Plan) by making an initial investment. Enclosed is a check or money order for \$ _____ (\$1,000 minimum/\$10,000 maximum) payable to "American Stock Transfer & Trust Company/Met-Pro".</p> <div style="border: 1px solid black; height: 100px; width: 400px; margin: 10px 0;"></div> <p style="margin-left: 400px;">Please note any address corrections directly on this form to the left.</p> <p style="margin-left: 400px;">Please provide your daytime phone number to assist us in processing your enrollment.</p> <p style="margin-left: 400px;">Daytime Phone: () _____</p>
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Your preprinted name and address above is for mailing purposes only. Please complete one of the boxes below for the exact account registration.

Account Registration	<p><input type="checkbox"/> Check here if registration desired matches mailing information above. Social Security Number _____</p> <p><input type="checkbox"/> INDIVIDUAL OR JOINT ACCOUNT. Joint accounts will be presumed to be joint tenants unless restricted by applicable state law or otherwise indicated. Only one Social Security Number is required for tax reporting.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Owner's First Name M.I. Last name Owner's Social Security Number Joint Owner's First name M.I. Last Name</p> <p><input type="checkbox"/> CUSTODIAL. A minor is the beneficial owner of the account with an adult Custodian managing the account until the minor becomes of age, as specified in the Uniform Gifts/Transfers to Minors Act in the minor's state of residence.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Custodian's First Name M.I. Last Name</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Minor's First Name M.I. Last Name Minor's Social Security Number Minor's State of Residence</p> <p><input type="checkbox"/> TRUST. Account is established in accordance with provision of a trust agreement.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Trustee Name Name of Trust Trust Date Tax ID Number Beneficiary</p>
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Dividend Election	<p>You may choose to reinvest all or some of the dividends paid on Company stock registered in your name and held for you under the Program. If you do not indicate a choice, you will automatically be enrolled in the Plan under Full Dividend Reinvestment.</p> <p><input type="checkbox"/> Full Dividend Reinvestment. I wish to reinvest all of my Common Stock dividends in additional shares of Common Stock. I may also make optional payments to the program. I wish to make an optional cash investment at this time. Enclosed is my check or money order payable to American Stock Transfer & Trust Company/Met-Pro for \$_____.</p> <p><input type="checkbox"/> Partial Dividend Reinvestment. I wish to reinvest dividends based on _____ full shares and to receive cash dividends on the balance of my shares. I may also make optional cash payments to the Plan. I wish to make an optional cash investment at this time. Enclosed is my check or money order payable to American Stock Transfer & Trust Company/Met-Pro for \$_____.</p> <p>Regardless of whether you elect Full Dividend Reinvestment or Partial Dividend Reinvestment, the dividends on all shares held by the Plan Administrator in your Plan Account will be reinvested.</p>
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Sign Here	<p>By signing this form, I request enrollment, certify that I have received and read the Prospectus describing the Plan and agree to abide by the terms and conditions of the Plan. I hereby appoint American Stock Transfer & Trust Company as my agent to apply dividends and any investments I may make to the purchase of shares under the Plan. I understand that I may revoke this authorization at any time by written notice to American Stock Transfer & Trust Company.</p> <p>All joint owners must sign.</p> <p>Under penalties of perjury, I also certify that: A, The number shown on this form is my correct Social Security Number or Taxpayer ID Number. B, I am not subject to backup withholding either because (1) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or (2) the IRS has notified me that I am no longer subject to backup withholding. (Check here _____ if you have been notified by the IRS that you are subject to backup withholding because of underreporting of interest or dividends on your tax returns.)</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 40px;">Signature Date Signature</p>
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Automatic Monthly Investment	<p>AUTOMATIC REINVESTMENT. You may authorize automatic monthly deductions from your personal bank account. American Stock Transfer & Trust Company will invest these deductions in Company stock and credit the account you designate on the reverse side of this form. To initiate these deductions, please complete the reverse side of this form and check this box. <input type="checkbox"/></p> <p>Your authorized monthly deduction from your bank account must be for at least \$100 and cannot exceed \$2,500 per month. SEE REVERSE</p>
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PLEASE COMPLETE THIS FORM AND SIGN AND DATE AT THE BOTTOM

PLEASE SUBMIT A VOIDED CHECK OR DEPOSIT TICKET FOR THE ACCOUNT YOU WISH TO HAVE CHARGED EACH MONTH.

Met-Pro Corporation

Dividend Reinvestment and Direct Stock Purchase Plan (the "Plan")

I hereby authorize American Stock Transfer & Trust Company to charge my banking account described below each month for the amount indicated by me which is to be used to purchase shares of Met-Pro Corporation. in accordance with the terms of the Plan. I understand that the monthly amount will be charged to my account on the second business day preceding the investment date and that this authorization will continue in effect until written notification from me is received by American Stock Transfer & Trust Company.

FILL IN THE INFORMATION BELOW FOR STOCK PURCHASES USING AUTOMATIC MONTHLY DEDUCTIONS.

Please Print All items

1. Type of Account Checking Savings

2. _____
Bank Account Number

3. _____
Name of Bank Account

4. _____
Financial Institution

Branch City and State

5.

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ABA Number

6. \$ _____ **.00** Minimum \$100.00
Maximum \$2,500.00
Amount of automatic deduction
(whole dollars only)

PLEASE CONFIRM ITEMS 2 AND 5 WITH YOUR BANK PRIOR TO SUBMITTING THIS APPLICATION.

Dividend Reinvestment Plan Account Number
(if already enrolled)

Signed

Date

Mail this form to: American Stock Transfer & Trust Company
Dividend Reinvestment Department
40 Wall Street
New York, NY 10005
1-800-278-4353

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Area Code

Daytime Telephone Number