

MEMBERSHIP APPLICATION

Business Name: _____

DBA: _____

Mailing Address: _____

Location: _____

City/State/Zip: _____

Contact: _____ **Title:** _____

Telephone: _____ **Fax:** _____

E-mail: _____ **Web Site:** _____

We hereby apply for membership in the Vermont Retail Association and upon receipt of our dues, reserve the privileges connected with such membership. Our dues are valued at _____ based upon our annual sales as shown in the schedule.

Signature _____

DUES SCHEDULE

GROSS REVENUES	RETAIL MEMBER	ASSOCIATE
\$ 500,000	\$ 150	\$ 190
1,000,000	200	260
1,500,000	250	325
2,000,000	300	390
2,500,000	345	450
3,000,000	390	500
3,500,000	435	550
4,000,000	480	600
4,500,000	525	650
5,000,000	570	700

For sales in excess of \$5 million, please add an additional \$90 per million.
(Vermont Sales Only)

Please make check payable to VERMONT RETAIL ASSOCIATION

Membership dues are non-refundable and are not deductible as a charitable contribution.
Dues are 90% deductible as a business expense, 10% non-deductible lobbying expense.
(Please see additional information on next page.)

ADDITIONAL COMPANY INFORMATION

Type of Business: _____

Annual Sales: _____ No. of Full-Time Employees: _____

Year Business Started: _____

of Stores in Vermont: _____

Store Locations: _____

(or attach current listings)

ADDITIONAL NAMES TO APPEAR ON MAILING LIST

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____