



We hereby apply for membership in the Texas Merchandise Vending Association, and if approved, agree to abide by the Association's Bylaws.

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Please attach branch office contact information where applicable and key Vending, Coffee Service, Foodservice Managers and Officers (Update annually if any changes)

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>	<u>E-MAIL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please be accurate with your company's listing for the number of employees so we will have appropriate influence when we lobby at State and/or Federal Government legislatures. Every dollar of the dues is put to work to provide superior services and support for our members.

**ANNUAL DUES SCHEDULE**

**Operator Members:**

- 1 – 5 Employees ..... \$200.00
- 6 – 19 Employees ..... \$350.00
- 20 – 75 Employees ..... \$500.00
- 76 – 150 Employees ..... \$850.00
- 151 + Employees ..... \$1200.00

**Associate/Supplier Members:**

- Per company (includes two mailings)..... \$325.00
- (each) additional mailing @..... \$25.00

PRICES EFFECTIVE THROUGH 12/31/17 TOTAL PAYMENT \$ \_\_\_\_\_

By signing this form I agree to receive notices, advertisements, announcements, brochures and other information from TMVA email. I also agree to the publication of my picture in TMVA articles including but not limited to newsletters, brochures, and web site. This permission to receive such notices and other information will continue and have no date of expiration.

I certify that the information given is complete and correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Dues check, payable to TMVA. Send completed form & check to: TMVA – C/O Kendall Smith – PO Box 16046 – Austin, TX 78761

American Express  MasterCard  Visa  Discover

If paying by credit card, fax completed form to Marilyn Dent at 703-836-8262 or email it to [mdent@namanow.org](mailto:mdent@namanow.org). If paying by check, please make checks payable to TMVA.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-code \_\_\_\_\_

Name as shown on card \_\_\_\_\_ Is billing address of card same as above  Yes  No

If no, include billing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

As required by law, TMVA estimates that 10% of total dues income, including all voluntary payments and special assessments, will be allocated to lobbying expenses and therefore only 64% of dues may be deducted by you as an ordinary and a necessary business expense for your 2016 tax year.