



**AGRICULTURAL
RETAILERS
ASSOCIATION**

Membership Application Retailer/Distributor/Wholesale

1156 15th Street, NW • Suite 302 • Washington, DC 20005 • PH: 202-457-0825 • Fax: 202-457-0864

Please fill out the following information:

Taxed as: Sole Proprietorship Partnership Corporation
 Limited Liability Corporation (LLC)

Company Name: _____

Voting Member's Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

How did you hear of ARA? _____

Dues are based on total sales of:

- Fertilizer, Ag Chemicals, Seed • Custom applications services • Consulting/information

Dues are not deductible as a charitable contribution for U.S. Federal Income Tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. Agricultural Retailers Association estimates that the nondeductible portion of your dues allocable to lobbying is 10 percent.

TOTAL SALES	DUES
< \$2,500,000	\$800
\$2,500,000-\$5,000,000	\$1,200
\$5,000,000-\$10,000,000	\$2,000
\$10,000,000-\$20,000,000	\$3,000
\$20,000,000-\$40,000,000	\$5,000
\$40-\$60,000,000	\$8,000
\$60-\$80,000,000	\$11,000
\$80-\$100,000,000	\$14,000
\$100-\$150,000,000	\$15,000
\$150-\$200,000,000	\$18,000
\$200-\$300,000,000	\$24,000
\$300-\$1 Billion	\$30,000
\$1-\$2 Billion	\$35,000
\$2-\$3 Billion	\$47,500
Over \$3 Billion	\$60,000
	TOTAL DUES \$

All retailer member outlets are considered ARA members, and therefore eligible to receive all ARA member benefits. Please make sure to list these outlets on your ARA contact sheet.

Enclosed is a check made payable to Agricultural Retailers Association for the amount of \$ _____ .

Please list the contacts within your company that you wish to receive Retailer Facts Newsletter weekly.

Company Name: _____

Non- Voting Member's Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____

Non- Voting Member's Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____

Non- Voting Member's Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____

Non- Voting Member's Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____