



Membership Application Industry Supplier

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

Please fill out the following information:

Basic Manufacturer, Formulator: Crop Protection/Seed Fertilizer Equipment

Manufacturer Other Technology: Other Technology

Taxed as: Sole Proprietorship Partnership Corporation Limited Liability Corporation

Company Name: _____

Voting Member's Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

How did you hear of ARA? _____

Select the appropriate dues level for your business operation.

- Dues are based on total sales of:**
- Crop Protection/Seed
 - Fertilizer
 - Equipment
 - Other Technology

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
\$500,000 - \$5,000,000	\$1,000
\$5,000,000 - \$10,000,000	\$1,500
\$11,000,000 - \$20,000,000	\$2,500
\$21,000,000 - \$50,000,000	\$3,500
\$51,000,000 - \$100,000,000	\$5,000
\$101,000,000 - \$200,000,000	\$7,000
\$201,000,000 - \$400,000,000	\$9,000
\$401,000,000 - \$700,000,000	\$12,000
\$700,000,000 - \$1 billion	\$15,000
\$1.0 - \$1.5 billion	\$20,000
\$1.5 - \$2.0 billion	\$25,000
Sales over \$2.0 billion	\$35,000
TOTAL DUES \$	

Please list any additional company contacts on the accompanying ARA contact sheet that you would like to receive the ARA Retailer Facts Newsletter and other correspondence.

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: _____