

2017 PMCA of Kansas New Associate Membership Application

PLEASE COMPLETE THIS PAGE AND RETURN WITH A COPY OF YOUR 2017 DUES PAYMENT.

• PMCA Associate Member Categories and Dues (PLEASE MARK YOUR CATEGORY.)

- Petroleum Supplier - \$1,500 annual dues _____
- Tobacco Supplier - \$1,500 annual dues _____
- Petroleum Equipment Supplier - \$675 annual dues _____
- Convenience Store Equipment Supplier - \$675 annual dues _____
- Convenience Store Product Supplier - \$675 annual dues _____
- Professional Service or Allied Products Provider - \$375 annual dues _____

PMCA Partner Program

President's Council - \$10,000 _____
Premium - \$7,500 _____
Mid-Grade - \$4,500 _____
Unleaded - \$2,500 _____

• Associate Member Benefits

- PMCA newsletters and legislative alerts
- Member (reduced) rate on exhibitor fees for PACE, the premier four-state tradeshow
- Member price on PMCA group travel
- Eligibility for "Associate Member of the Year" award
- Recognition for sponsorship/contributions in PMCA publications
- Active participation in PMCA's grassroots legislative program
- Associate member companies recommended by staff to PMCA members
- Free listing of company/representative information in PMCA quarterly magazine and annual membership directory

See Partner Program brochure for details on each partner level.

• Dues- Percentage Tax Deductible

Dues paid to PMCA of Kansas are not deductible as charitable contributions for tax purposes, but may be deductible as ordinary and necessary business expense. The portion of PMCA of Kansas dues expended on lobbying is 7% and is not deductible. For 2017, 93% of the amount paid to PMCA for dues is tax deductible. This amount includes the portion of your dues paid to the Petroleum Marketers Association of America.

• Company Listing for PMCA Publications

To keep company information current in our various publications PMCA makes corrections or additions to associate member listings throughout the year as we are notified. You may phone (785) 233-9655, fax (785) 354-4374 or email jmenke@pmcaofks.org for any changes throughout the year.

IN ORDER TO BE INCLUDED IN FUTURE PMCA PUBLICATIONS ALL FIELDS MUST BE COMPLETED.

**Please include a brief (25 words or less) description of your company on the back of this form, if you would like this information to appear with your listing. Any additional contact names/numbers may be listed on the back page as well.*

Company Name _____

Primary Company Contact _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

* Accounts Payable _____ Phone _____

* Billing Address (if different from above) _____

* City _____ State _____ Zip _____

*** Please complete the accounts payable contact information. It will not be included in your directory listing.**

Method of Payment of 2017 PMCA Associate Dues: Check _____ Credit Card _____

Cardholder Name _____ Billing Address _____

Card Number _____ Exp Date _____ 3 or 4 Digit Security Code _____

*** SEE BACK OF FORM**

