



2017 ASSOCIATE MEMBER DUES

PLEASE – COMPLETE ALL contact info and include with payment! Be sure to update mail, fax, & email info so we can send you weekly industry communications and accurately list you in the LAT 2017 Directory.

Key Contact: _____ Title: _____ Company: _____

Address: _____ City: _____ State/Prov.: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____ Web-site: _____

DUES SCHEDULE FOR ASSOCIATE MEMBERS

Manufacturer / Wholesaler / Distributor / Broker – selling to Retailers / Dealers - Enter amount of dues paid:

Large / National firm (7 or more states) (Up to 5 locations may be listed in the LAT Directory)	\$1450	\$ _____
Medium / Regional firm (3 to 6 states) (Up to 3 locations may be listed in the LAT Directory)	\$ 950	\$ _____
State firm (1 or 2 states) (One listing in the LAT Directory)	\$ 650	\$ _____
Firm Selling Services ONLY (One listing in the LAT Directory)	\$ 650	\$ _____

Supplier Individuals / Retailers outside of Texas:

Manufacturers' Representative – for individual only	\$ 400	\$ _____
Retired Retail/ Retired Associate Member – individual only	\$ 100	\$ _____
Retailer outside of Texas / Louisiana- company	\$ 560	\$ _____

Above categories allow one person to be listed (as an individual or with a company) and to receive LAT mailings.

+ For location(s) and other contact(s) to receive member benefits, directory listing(s) and newsletter(s), complete page 2 of this form.

+ **Additional 2017 LAT Directories** @ \$25 each \$ _____

LAT dues are not deductible as charitable contributions for federal income tax purposes. 97% of your dues is deductible as an ordinary & necessary business expense because of legislative representation LAT provides for you.

TOTAL AMOUNT ENCLOSED: \$ _____

Checks made payable to LAT and mailed to the address are preferred.

If your company policy is to pay by credit card, contact the LAT office for a credit card form. This form is also available in MS Word, if that is more convenient. Email latadmin@lat.org for the Word version.

Thank you for supporting LAT..... the Association that supports YOU!



2017 Annual Dues Investment ADDITIONAL INFORMATION

Please submit this form along with page one and your dues payment.
Please include everyone in your company that would like to receive LAT eCommunications.
By checking Email as preferred method, your biannual newsletter by email.

Additional Location/Employee:

Key Contact: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web-site: _____
Preferred method of receiving information: Fax Email

Additional Location/Employee:

Key Contact: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web-site: _____
Preferred method of receiving information: Fax Email

Additional Location/Employee:

Key Contact: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web-site: _____
Preferred method of receiving information: Fax Email

Additional Location/Employee:

Key Contact: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web-site: _____
Preferred method of receiving information: Fax Email

Thank you for supporting LAT!