



CALIFORNIA AUTOMATIC VENDORS COUNCIL

A State Council of National Automatic Merchandising Association

2019 Membership Renewal

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Main Contact Name: _____

Additional Contact(s) (Name, Address, Phone, Fax):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

OPERATOR MEMBERSHIP dues are based on gross vending sales and office coffee sales (not manual nor mobile sales) in California. Please *check* ✓ which payment plan you prefer for your appropriate sales volume category. If you choose the installment plan, you will receive a monthly invoice for the next 6 months. This application will be considered your first.

| SALES VOLUME | FULL PAYMENT DUES | | INSTALLMENT PLAN DUES | | |
|----------------------------|-------------------|--------------------------|-------------------------------|---------------|--------------------------|
| under \$500,000 | \$100 | <input type="checkbox"/> | No installment plan available | | |
| \$500,000 - \$1,000,000 | \$240 | <input type="checkbox"/> | \$264 | (\$44/month) | <input type="checkbox"/> |
| \$1,000,000 - \$2,000,000 | \$600 | <input type="checkbox"/> | \$660 | (\$110/month) | <input type="checkbox"/> |
| \$2,000,000 - \$5,000,000 | \$1,000 | <input type="checkbox"/> | OR | | |
| \$5,000 000 - \$10,000,000 | \$1,500 | <input type="checkbox"/> | \$1,100 | (\$184/month) | <input type="checkbox"/> |
| Over \$10,000,000 | \$2,500 | <input type="checkbox"/> | \$1,650 | (\$275/month) | <input type="checkbox"/> |
| National Corporation | \$3,500 | <input type="checkbox"/> | \$2,750 | (\$459/month) | <input type="checkbox"/> |
| | | | \$3,850 | (\$642/month) | <input type="checkbox"/> |

ASSOCIATE MEMBERSHIP **\$500** (no installment plan available)
National or Local Companies (includes: Suppliers, Distributors, Brokers, and Manufacturers)

Please make your check payable to **CAVC** in the above specified amount or fill out the following credit card information and return with this completed dues invoice to: Sandra Larson, CAVC, 80 South Lake Avenue, Suite 538, Pasadena, CA 91101, fax (626) 229-0777.

CREDIT CARD INFO: VISA MASTER CARD AMERICAN EXPRESS

Card Number: _____ Exp. Date: _____ VCode _____

Billing Address: _____ Zip Code: _____

Name (on card): _____ Signature: _____

Contributions or gifts to CAVC are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying expenses. As required by Section 6033 of the Internal Revenue Code, CAVC estimates that the nondeductible portion of 2019 dues - the portion which is allocable to lobbying - is 100%. Therefore, only dues less that percentage may be deducted by you as an ordinary and necessary business expense for your 2019 tax year.

Referred by: _____