

APPLICATION FOR ASSOCIATE MEMBERSHIP

CALIFORNIA DISTRIBUTORS ASSOCIATION
1215 K Street, Suite 1500
Sacramento, CA 95814
(916) 446-7841

GENTLEMEN:

The undersigned, engaged in the manufacture or sales of tobacco, candy, or allied lines, hereby makes application for associate membership in the CALIFORNIA DISTRIBUTORS ASSOCIATION, INC. Upon approval of our application for associate membership we agree to abide by the Constitution, By-Laws and Rules now in force or hereafter adopted governing such membership.

We further agree to pay annual dues in accordance with the dues classification schedule as set out herein below, or as fixed from time to time by the Board of Directors.

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF COMPANY OWNER(S), OFFICER(S) OR
PARTNER(S) _____

BRANCHES (NAME & ADDRESS) _____

SELECT ANNUAL DUES ACCORDING TO YOUR COMPANY'S ANNUAL GROSS INCOME

ANNUAL DUES (from schedule below).....\$ _____

Annual Sales	
\$0-3 Million.....	\$ 500.00
\$3-5 Million.....	\$ 850.00
\$5-10 Million.....	\$ 1,500.00
\$10-20 Million.....	\$ 3,100.00
\$20 Million and Over.....	\$ 4,700.00

Signed _____

Title _____