

APPLICATION FOR MEMBERSHIP

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

GENTLEMEN:

The undersigned, engaged in the wholesale distribution of tobacco, candy, or allied lines, hereby makes application for membership in the CALIFORNIA DISTRIBUTORS ASSOCIATION, INC. Upon approval of our application for 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

\$0-5 Million.....	\$ 700.00
\$5-10 Million.....	\$ 1,500.00
\$10-20 Million.....	\$ 3,000.00
\$20-50 Million.....	\$ 4,000.00
\$50-100 Million.....	\$ 5,000.00
\$100-200 Million.....	\$ 7,000.00
\$200-300 Million.....	\$ 8,500.00
\$300 Million and Over.....	\$ 14,000.00

Signed _____

Title _____