

Application for Membership - 2012

Name of Business _____

Contact Person (please print)		Additional Contact Name	
Street Address of Business		City & State	Zip Code
Mailing Address of Business (if different than street address)		City & State	Zip Code
Phone Number	Fax Number	Mobile Number	Year Founded
Business Website		Primary e-mail address	
Corporate Name (if applicable)		Corporate Mailing Address (if different than business address)	

SDRA ANNUAL INVESTMENT SCHEDULE

Investment is based on annual sales volume
MINIMUM INVESTMENT: \$100
RESTAURANTS: Minimum investment is \$150, which includes dual membership in the National Restaurant Association

Annual sales volume	Annual investment
<input type="checkbox"/> under \$250,000	\$100
<input type="checkbox"/> \$250,000 to \$499,999	\$150
<input type="checkbox"/> \$500,000 to \$749,999	\$200
<input type="checkbox"/> \$750,000 to \$999,999	\$250
<input type="checkbox"/> \$1,000,000 or more	\$300 + \$25 per each \$100,000 of sales or fraction thereof

Sales volume figures should include sales of all units & stores in South Dakota

DUES DEDUCTIBILITY: Dues to SDRA are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. 18% of your 2012 dues assessed on this statement are non-deductible for federal income tax purposes under Sec. 162 (e) (2) because they are allocable to lobbying activities.

BUSINESS TYPE

What type of business do you operate (please list up to 3 with your primary category first - i.e. grocery, clothing store, sporting goods).

1. _____

2. _____

3. _____

PRIMARY REASON FOR JOINING

What is the PRIMARY reason you are joining SDRA?

Legislative representation

Services

Publications

Educational programs (i.e. ServSafe)

Involvement

Dues \$ _____ Dues Period Through Month _____ Year _____

National Restaurant Association Member

If paying by credit card: Visa MasterCard Discover

Name on card _____

Card number _____ - _____ - _____ - _____

Expiration date _____ CIV Number* _____

*3 digit card verification number on back of credit card

MEMBERSHIP & SIGNATURE

I have read this entire form, and I understand my membership dues are not predicated on being accepted for any membership service or program, and are not refundable. I also understand that my membership is subject to approval by the SDRA Board of Directors and at any time my business fails to meet the criteria of a Regular or Associate Member, my membership in the South Dakota Retailers Association and my participation in membership services is subject to termination. (Note: For information regarding Regular and Associate membership, visit www.sdra.org/about/joinsdra)

SDRA WEBSITE

SDRA's web site (www.sdra.org) includes a search function which customers can use to locate businesses by city or business category. Please check as many as apply:

I do NOT want my business listed on SDRA's website

I do NOT want my email listed on SDRA's website

I do NOT want my street address listed on SDRA's website

MEMBERSHIP CATEGORY

Regular Membership

Associate Membership

Signature - Owner of Business _____ Date _____

Signature - SDRA Marketing Representative _____ Date _____

OFFICE ONLY

Check Number _____

Date Received _____