CONNECTICUT FOOD ASSOCIATION MEMBERSHIP APPLICATION

DISTRIBUTORS & WHOLESALERS

Please complete and return with payment

Company		
Street Address		
City, State, Zip		
City, State, Zip Fax	Email	
Contact Person		
Title		
Did anyone encourage you to join? If so, who:		
Please provide a BRIEF description of your company:		
DUES SCHEDULE 2025 (Please check appropriate category below for sale	es volume)	
Under \$5 million Total Gross Annual Sales	\$980.00	
\$5-\$9 million Total Gross Annual Sales	\$1,460.00	
\$10-\$19 million Total Gross Annual Sales	\$2,405.00	
\$20-\$49 million Total Gross Annual Sales	\$4,505.00	
Over \$50 million Total Gross Annual Sales	\$5,780.00	
□ Check enclosed □ Charge to credit card: MasterCard/Visa	Discover	Amount Enclosed: \$
Card # Security Code	Rillin	ng Zip Code
Name on card		
Authorized signature	Date	
Email		2433
Contributions or gifts to the Connecticut Food Associat federal income tax purposes. Dues payments are deductions of the Connecticut Food Associated federal income tax purposes. Dues payments are deductions of the Connecticut Food Associated federal income tax purposes are supposed for the Connecticut Food Associated federal income tax purposes are supposed for the Connecticut Food Associated federal income tax purposes.	ble by members	as an ordinary and necessary business

expense; however, lobbying expenses are not deductible for federal tax purposes.

30% of dues is used for lobbying activities; therefore, this portion of your dues is not tax deductible.

Visit our website! www.ctfoodassociation.org

Return completed form with payment to: CONNECTICUT FOOD ASSOCIATION 433 South Main Street, Suite 309, West Hartford, CT 06110

Tel: 860.216.4055 email: ctfood@ctfoodassociation.org