

MONTANA TAVERN ASSOCIATION MEMBERSHIP APPLICATION FORM

Please Print this Form, Complete and Mail to: MTA / 920 E Lyndale / Helena, MT 59601

| | | |
|-------------------|-----------|------|
| BUSINESS NAME: | | |
| MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| PHYSICAL ADDRESS: | | |
| PHONE NUMBER: | EMAIL: | |
| NAME OF LICENSEE: | | |
| CONTACT PERSON: | | |
| MT RETAIL LIC NO: | FED ID #: | |

| REGULAR MEMBERSHIP <i>(Licensees Only)</i> | |
|--|-----------|
| BASE DUES: | \$ 100.00 |
| PLUS - No of Gaming Machines X \$15 each | \$ |
| Optional Gold Star (Show support for MTA - Additional \$100) | \$ |
| TOTAL: | \$ |

| ASSOCIATE MEMBERSHIP <i>(Non-Licensee Only)</i> | |
|---|----|
| TYPE OF BUSINESS: | |
| Individual Firms \$100 (Optional Gold Star - Additional \$100) | \$ |
| Minor Distributor \$250 (Optional Gold Star - Additional \$250) | \$ |
| Major Distributor \$500 (Optional Gold Star - Additional \$500) | \$ |

| COMPLETE THE FOLLOWING PAYMENT INFORMATION | |
|--|---|
| <input type="checkbox"/> Check Enclosed for: \$ _____ | |
| <input type="checkbox"/> Credit Card charge* for: \$ _____ | |
| <input type="checkbox"/> Mastercard | Credit Card # _____ |
| <input type="checkbox"/> Visa | Exp Date ____/____/____ CID/Card Code _____ |
| <small>*Plus 3% Convenience Fee</small> | Phone Number: _____ |
| <input type="checkbox"/> American Express | Signature _____ |
| <small>*Plus 5% Convenience Fee</small> | |
| Card Holder's Name (Please Print) _____ | |
| Billing Address: _____ | |
| City: _____ | State: _____ Zip: _____ |

IRS Code Sec. 162(e) disallows deductions for expenses of lobbying. The portion of MTA dues expended for this purpose is 15% and ABL is 6%. Inform your accountant.