



Sustaining Membership Form

Company Name: _____

Contact*: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

Fax Number: _____

Mobile Number: _____

* Note Contact person will be CAPCA's main coordinator of benefits.

Membership Type: (see attached letter for descriptions of benefits)

Bronze - \$600.00

Silver - \$1,500.00

Gold - \$2,500.00

Signage Specifications:

Website to be Linked: _____

Text Line: _____

Additional Text Line- Silver or Gold Members Only: _____

Category to be listed under – Mark all that apply:

- Chemical Manufacturer
- Fertilizer Manufacturer
- Chemical Retailer
- Biological Supplier
- Equipment
- Other

Additional Contacts if different from above:

	Name	E-mail	Phone
Press Releases			
Job Opportunities			
Exhibit Booths			
Additional Subscription			

If using VISA, MasterCard, or American Express please sign your name below as it appears on your bank credit card.

VISA

Card No. _____

MasterCard

American Express **3-digit CV#** (back of card) _____ **Expiration Date** (Month/Year) _____

Signature _____ Date _____

Contributions or gifts to CAPCA are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as ordinary and necessary business expense.

Pursuant to the Omnibus Budget Reconciliation Act of 1993, 8 percent of the dues you pay CAPCA is attributable to nondeductible CAPCA lobbying activity and therefore is not deductible under Internal Revenue Code Section 612 as an ordinary and necessary business expense.

Federal Tax ID #94-2277533

For CAPCA Use Only

Check # _____
Amount _____