

## APPLICATION FOR ASSOCIATE MEMBERSHIP

The undersigned, a supplier to the butter industry, hereby makes application for Associate Membership in the American Butter Institute. It is understood that Associate Membership (upon approval of this application) will entitle the undersigned to all usual privileges and services rendered by the Institute, including statistical and newsletters, other publications and information issued from time to time, and other services rendered to associate members of the Institute.

| The annual dues for associate membership | p are \$500.00. |          |
|--|-----------------|----------|
| Company Name:                            |                 |          |
| Address:                                 |                 |          |
| City, State, Zip:                        |                 |          |
| Telephone:                               | Fax:            |          |
| E-mail Address:                          |                 |          |
| Website Address:                         |                 |          |
| Company Representative:                  |                 |          |
| Title:                                   |                 |          |
|  |                 |          |
| Authorized Signature                     | Title           | <br>Date |

## **Additional Company Contacts (as desired)**

|                    | NAME                                   |                  |
|--------------------|--|------------------|
| President/CEO      |  |                  |
| Communications     |  |                  |
| Communications/PF  | ₹                                      |                  |
| Distribution       |  |                  |
| Finance/Accounting |  |                  |
| Foodservice        |  |                  |
| Human Resources    |  |                  |
| Marketing          |  |                  |
| Production         |  |                  |
| Purchasing         |  |                  |
| QA/R&D             |  |                  |
| Sales              |  |                  |
| Others             |  |                  |
|                    |  |                  |
| Please describe go | oods and/or services provided to the l | outter industry. |
|                    |  |                  |
|                    |  |                  |
|                    |  |                  |
|                    |  |                  |

## **Dues Schedule**

The annual dues for associate members are \$500.00

NOTE:

In compliance with IRS regulations, pursuant to the Omnibus Budget Reconciliation Act of 1993, we are advising you that **zero percent (0%)** of your associate membership dues is attributable to non-deductible lobbying activities and therefore your entire dues payment is deductible as an ordinary and necessary business expense.

Since the American Butter Institute may engage in lobbying activities on behalf of its members, the Institute is required to provide you with the non-deductible portion of your dues.

**Reminder:** Under no circumstances are dues, contributions, or gifts to the American Butter Institute tax deductible as charitable contributions.

Please make check payable to the American Butter Institute and return with this application to:

American Butter Institute 2107 Wilson Blvd., Suite #600 Arlington, VA 22201 Attn: Tom Balmer

Please contact Tom Balmer, Executive Director if you have any questions about this application -- phone: 703-243-5630, email: tbalmer@nmpf.org or fax: 703-841-9328.