



CALIFORNIA AUTOMATIC VENDORS COUNCIL

A State Council of National Automatic Merchandising Association

2018 Membership Renewal

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Main Contact Name: _____

Additional Contact(s) (Name, Address, Phone, Fax):

OPERATOR MEMBERSHIP dues are based on gross vending sales and office coffee sales (not manual nor mobile sales) in California. Please *check* ✓ which payment plan you prefer for your appropriate sales volume category. If you choose the installment plan, you will receive a monthly invoice for the next 6 months. This application will be considered your first.

SALES VOLUME	FULL PAYMENT DUES		INSTALLMENT PLAN DUES
under \$500,000	\$100 <input type="checkbox"/>		No installment plan available
\$500,000 - \$1,000,000	\$240 <input type="checkbox"/>		\$264 (\$44/month) <input type="checkbox"/>
\$1,000,000 - \$2,000,000	\$600 <input type="checkbox"/>	OR	\$660 (\$110/month) <input type="checkbox"/>
\$2,000,000 - \$5,000,000	\$1,000 <input type="checkbox"/>		\$1,100 (\$184/month) <input type="checkbox"/>
\$5,000,000 - \$10,000,000	\$1,500 <input type="checkbox"/>		\$1,650 (\$275/month) <input type="checkbox"/>
Over \$10,000,000	\$2,500 <input type="checkbox"/>		\$2,750 (\$459/month) <input type="checkbox"/>
National Corporation	\$3,500 <input type="checkbox"/>		\$3,850 (\$642/month) <input type="checkbox"/>

ASSOCIATE MEMBERSHIP **\$500** (no installment plan available)
 National or Local Companies (includes: Suppliers, Distributors, Brokers, and Manufacturers)

Please make your check payable to **CAVC** in the above specified amount or fill out the following credit card information and return with this completed dues invoice to: Sandra Larson, CAVC, 80 South Lake Avenue, Suite 538, Pasadena, CA 91101, fax (626) 229-0777.

CREDIT CARD INFO: VISA MASTER CARD AMERICAN EXPRESS

Card Number: _____ Exp. Date: _____ VCode _____

Billing Address: _____ Zip Code: _____

Name (on card): _____ Signature: _____

Contributions or gifts to CAVC are not deductible as charitable contributions for federal income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying expenses. As required by Section 6033 of the Internal Revenue Code, CAVC estimates that the nondeductible portion of 2018 dues - the portion which is allocable to lobbying - is 100%. Therefore, only dues less that percentage may be deducted by you as an ordinary and necessary business expense for your 2018 tax year.

Referred by: _____



CALIFORNIA AUTOMATIC
VENDORS COUNCIL

2018 SCHEDULE AT-A-GLANCE

March 23rd -
CAVC Board Meeting
Las Vegas Convention Ctr
Las Vegas, NV.

May 9th -
Lobby Day
Sacramento, CA.

June 4th -
CAVC Scholarship Golf
Tournament
Rio Hondo Golf Club
Downey, CA.

September 13 -15
AAMC/CAVC Annual Mtg.
Mountain Shadows,
Paradise, AZ.

Networking and
Education events TBD.



Great news for NEW operator members who join CAVC in 2018

If you meet the criteria below you are eligible for a reduced rate for 2018 and a one time \$50 discount for your 2019 dues.

To qualify for this great discount you must...

- ◆ Be new to CAVC, you cannot have been a member previously.
- ◆ Annual yearly sales volume must be \$500,000 or under.
- ◆ Join CAVC in 2018 and pay operator dues of \$50
- ◆ Attend one 2018 CAVC event:
 - Board of Directors Meeting
 - Scholarship Golf Tournament
 - Lobby Day
 - AAMC/CAVC 2018 Annual Meeting
 - CAVC Networking or Education Event

A deal you can't afford to miss!

For additional information on the new operator discount please contact Deborah Lara at 626.229.0900 or dlara@namanow.org

Please visit www.cavconline.com for detailed information on meetings and events.



CALIFORNIA AUTOMATIC VENDORS COUNCIL

A State Council of National Automatic Merchandising Association

2018 Operator Member

NEW Operator Member Discount!

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Main Contact Name: _____

Additional Contact(s) (Name, Address, Phone, Fax):

_____	_____
_____	_____
_____	_____
_____	_____

SALES VOLUME	OPERATOR DUES
under \$500,000	\$50.00

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