



APPLICATION FOR MEMBERSHIP

In making application for membership to the Southwest Meat Association, we understand that yearly dues will be at the rate listed below per our yearly sales volume. Our check in the appropriate amount is enclosed, representing full payment for the first year. Dues are calculated on the calendar year, beginning January 1 and ending December 31, so subsequent dues will be prorated accordingly.

REGULAR MEMBER

Any person, firm, or corporation primarily in the meat packing or processing business.

| <u>Gross Sales</u> | <u>Dues</u> |
|-----------------------------|-------------|
| \$0 - \$2,000,000 | \$525.00 |
| \$2,000,000 - \$5,000,000 | \$890.00 |
| \$5,000,000 - \$15,000,000 | \$1,470.00 |
| \$15,000,000 - \$25,000,000 | \$2,425.00 |
| \$25,000,000 - \$40,000,000 | \$3,150.00 |
| \$40,000,000 | \$3,800.00 |

** There is a dues cap for single establishment companies of \$3,150.00 **

Section 1070(a) of the Revenue Act requires a disclosure provision for all fundraising solicitations made after January 31, 1988 by tax-exempt organizations, other than Section 501(c)(3) groups.

“Contributions or gifts to the Southwest Meat Association (SMA) are not deductible as charitable contributions for federal-income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense.”

Company: _____

Key Contact (will be on mailing list and be key recipient of any important mailings):

Name: _____ Title: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

How would you like to receive our newsletter? (circle one) Email (PDF format) Fax Regular mail

REPRESENTING THE MEAT INDUSTRY IN THE SOUTHWEST

4103 S. Texas Avenue, Suite 101 • Bryan, TX 77802 • 979-846-9011 • Fax: 979-846-8198 • info@southwestmeat.org

ADDITIONAL INFORMATION...

Company: _____

Management:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Total number of employees: _____

Other Plants (please include corresponding contact and how they would like to receive the newsletter)

Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Services Performed: (check all that apply)

| | | | | | |
|-------------|-------|----------|-------|-----------------|-------|
| Slaughterer | _____ | Boner | _____ | Processor | _____ |
| Purveyor | _____ | Renderer | _____ | Portion Control | _____ |
| Boxed Beef | _____ | Canner | _____ | Quick Freeze | _____ |
| Grinder | _____ | Other | _____ | | |

Product Handled:

| | | | | | |
|-------|-------|---------|-------|----------------|-------|
| Beef | _____ | Pork | _____ | Lamb or Mutton | _____ |
| Veal | _____ | Chicken | _____ | Turkey | _____ |
| Other | _____ | | | | |

Inspection Type:

Federal _____ State _____ Custom Exemption _____

Currently Export: _____ If no, are you interested in Exporting? Yes _____ No _____

Products Exported: _____

For Office Use Only:

| | | | | | | |
|----------|-------------------------|---------------|-----------|---------|--------|-------|
| Database | Plaque/Letter/Directory | Folder/Ledger | Directory | NL List | NL Pub | Note: |
|----------|-------------------------|---------------|-----------|---------|--------|-------|