



## 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	\$550.00
\$2,000,000 - \$5,000,000	\$950.00
\$5,000,000 - \$15,000,000	\$1,550.00
\$15,000,000 - \$25,000,000	\$2,550.00
\$25,000,000 - \$40,000,000	\$3,325.00
\$40,000,000	\$4,000.00

\*\* There is a dues cap for single establishment companies of \$3,325.00 \*\*

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 correspondence):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about SMA? \_\_\_\_\_

**REPRESENTING THE MEAT INDUSTRY FOR OVER 50 YEARS**

9696 E SH 21, Suite 200, Bryan, TX 77808 • 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	Membership Packet	Folder/Ledger	Directory	NL List	NL Pub	Note:
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