

MARKETER Membership Application

Company: _____ Recommended By: _____

Name: _____ Title: _____

Mailing Address: _____ City/State/Zip: _____

Billing Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

☐ By checking this box, I agree to receive texts from CFCA at this mobile number: _____

☐ Check this box to be excluded from our email distributions

MARKETER: Please select your dues based on your annual fuel and lubricants sales (all fuel types included). Marketers engaging in both wholesale and retail operations must complete both the marketer and retailer sections.

- ☐ \$1,500 < 10 million gallons
- ☐ \$5,000 10-25 million gallons
- ☐ \$8,500 26-75 million gallons
- ☐ \$11,000 76-150 million gallons
- ☐ \$15,000 151-250 million gallons
- ☐ \$20,000 > 250 million gallons

RETAILER: RETAILER: Please select your dues based on the number of stores you own/operate.

- ☐ \$100 - First store
- ☐ Additional stores: _____ (x \$50 per store) = \$ _____

Total: _____

10% of membership dues will be contributed to the CFCA Political Action Committee (ID#760982). Contributions to CFCA's PAC are voluntary and not deductible as charitable contributions for federal or state income tax purposes.

☐ Check this box to opt out of voluntary contributions

ADDITIONAL INFORMATION:

Dues payments to CFCA may be deductible as ordinary and necessary business expenses to the extent they are not used for specific state or federal lobbying expenditures (IRC 162). CFCA estimates that 10% of your membership dues will be used for lobbying expenditures and are not deductible for federal or state income tax purposes. CFCA Federal Tax ID # 23-7108799.

By submitting this membership application, you acknowledge that you have read and understood CFCA's Data Privacy Statement and Photograph Release Agreement. Visit <https://www.cfca.energy/privacy-statement/> to read the full Privacy Statement.

Apply online at www.cfca.energy

Please send application with payment to:

California Fuels & Convenience Alliance
2520 Venture Oaks Way, Suite 100
Sacramento, CA 95833

Or via fax to (916) 646-5985

Payment Type: ☐ Check ☐ Visa ☐ MC ☐ AMEX

Credit Card #: _____

Exp: _____ CSV: _____

Name on Card: _____

Signature: _____