

## 2020 Membership Dues Invoice

Membership Category 3: Retailer

## **PRIMARY CONTACT INFORMATION**

Primary Membership Contact: (Mr./Ms./	/Dr./Capt.)
Title:	
Company:	
Mailing Address:	
Street Address:	
City:	State: Zip:
Country:	
Phone:	Fax:
Email:	Cell Phone:
Website:	
ADDITIONAL KEY STAFF (sales, market	ing, buyer, communications, accounting, other)
Name: (Mr./Ms./Dr./Capt.)	
Job Title:	
Email Address:	
Name: (Mr./Ms./Dr./Capt.)	
Job Title:	
Email Address:	
Name: (Mr./Ms./Dr./Capt.)	
Job Title:	
Email Address:	
Name: (Mr./Ms./Dr./Capt.)	
Job Title:	
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	IP DUES STRUCTURE					
Fishing Sales and Fishing Related Sales Revenue					<u>Dues Amount</u>	
<ul> <li>3 Options:</li> <li>A. Independent Retailer: (Based on Number of storefront locations)         <ul> <li>a. 1 – 3 retail locations</li> </ul> </li> <li>Total 2019 Dues Amount</li> </ul>					200	
INVEST IN FISHING Keep America Fish						
accessible waters an		g program help us adv es. Please make an inv		ean,		
□\$100.00	□\$500.00	□\$1,000.00	□Other:	\$		
2019 Dues Amoun	t			\$		
Total Amount:				\$		
PAYMENT INFORMAT	TION					
and necessary busin Association's lobbyin	ess expense. A porting activity. The non-ore for the period of Oo	itable contribution but on of dues, however, deductible portion is 1 ctober 1, 2018 - Septe	is not deduc 2 percent. N	tible bec onrefund	ause of the dable	
Method of Payment (	(please check payme	nt option)				
□Check Enclosed/Am	nount \$	(Payable to the Amer	ican Sportfis	hing Ass	ociation)	
□Credit Card	□American Express	□MasterCard	□Vis	sa		
Credit Card Number:	:					
Expiration Date:	Security Code:					
Name On Card:						
Billing Address:						
Authorized Signature	a•					

Please remit payment via mail to American Sportfishing Association, P.O. Box 758622, Baltimore, MD 21298-5000 or fax to 703-519-1872. Thank you for your payment and if you have any questions regarding this invoice, please contact Member Services at joinnow@asafishing.org or 703-519-9691 x252.