



Maine Merchants Association

P.O. Box 5060

Augusta, ME 04332-5060

207.623.1149 ~ Fax: 207.623.8377 ~ www.mainemerchants.org

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name of Business:		
DBA (if applicable):		
Current Business Address:		
City:	State:	ZIP Code:
Phone:	Website:	
Current Mailing address: (if different):		
City:	State:	ZIP Code:
CONTACT INFORMATION #1		
Contact:		
Title:	Phone:	
E-Mail:	Fax:	
CONTACT INFORMATION #2		
Contact:		
Title:	Phone:	
E-Mail:	Fax:	
Please list additional contact info on a separate sheet of paper.		
BUSINESS TYPE (CHECK ALL APPLICABLE)		
<input type="checkbox"/> Auto Parts <input type="checkbox"/> Auto Repair <input type="checkbox"/> Auto Seller <input type="checkbox"/> Book Store <input type="checkbox"/> Card & Gift <input type="checkbox"/> Carpet / Rug / Flooring <input type="checkbox"/> Clothing / Accessories / Shoes <input type="checkbox"/> Convenience Store <input type="checkbox"/> Copy Center <input type="checkbox"/> Department Store <input type="checkbox"/> Discount Store <input type="checkbox"/> Dry Cleaning / Laundry <input type="checkbox"/> Electronics / Computer Supplies	<input type="checkbox"/> Fish / Produce / Meat <input type="checkbox"/> Florist / Garden Center <input type="checkbox"/> Food Manufacturer <input type="checkbox"/> Frames / Gallery <input type="checkbox"/> Furniture / Home Décor <input type="checkbox"/> General Wholesale <input type="checkbox"/> Gourmet Food <input type="checkbox"/> Grocery / Deli <input type="checkbox"/> Hardware / Home Improvement <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Jewelry / Fine Gifts <input type="checkbox"/> Medical Supply <input type="checkbox"/> Music / Musical Instruments <input type="checkbox"/> Office Products	<input type="checkbox"/> Optical <input type="checkbox"/> Package Store / Spirits <input type="checkbox"/> Pet Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Photo Shop <input type="checkbox"/> Redemption Center <input type="checkbox"/> Rental Center <input type="checkbox"/> Restaurant – Quick Service <input type="checkbox"/> Restaurant – Full Service <input type="checkbox"/> Restaurant – Bar / Nightclub / Lounge <input type="checkbox"/> Sporting Goods / Marine <input type="checkbox"/> Toy Store <input type="checkbox"/> Other: _____
If your business is not listed above, please describe:		
OTHER INFORMATION		
# of FT Employees in Maine: _____	# of PT Employees in Maine: _____	
Store Type: <i>(choose one)</i> <input type="checkbox"/> Independent <input type="checkbox"/> Chain <input type="checkbox"/> Corporate <input type="checkbox"/> Franchise	# of Locations in Maine: _____ What Cities / Towns?	

MEMBERSHIP APPLICATION

What are the top four issues facing your business?

1.	3.
2.	4.

Are you interested in learning more about the Maine Merchants Workers Compensation Program? Y N

Please provide a 20-word business description:

MEMBERSHIP DUES INVESTMENT

Annual dues are based on previous year's gross sales amount in Maine. The Maine Merchants Association Tax Identification Number is 01-0165117. Note: 35% of dues are NOT deductible for federal income tax purposes under Section 162(E) (2) because they are allocable to lobbying activities.

DUES INVESTMENT SCHEDULE

Gross Sales	Annual Dues
Up to \$300,000	\$ 185
\$300,000 to \$400,000	\$ 215
\$400,000 to \$500,000	\$ 250
\$500,000 to \$600,000	\$ 275
\$600,000 to \$700,000	\$ 300
\$700,000 to \$800,000	\$ 325
\$800,000 to \$900,000	\$ 350
\$900,000 to \$1 million	\$ 375
\$1 million to \$2 million	\$ 700
\$2 million to \$3 million	\$ 925
\$3 million to \$4 million	\$ 1,200
\$4 million to \$5 million	\$ 1,600

*For dues greater than \$5 million in gross sales, please contact Curtis Picard, Executive Director at curtis@mainemerchants.org or (207) 623-1149.

Dues schedule as of January 2010

Dues Amount: _____	THANK YOU FOR JOINING!
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I have read this application, and I understand my membership dues are not predicated on being accepted for any membership service or program and are not refundable. I also understand that my membership is subject to approval by the MMA Board of Directors and if at any time my business fails to meet the criteria of membership, my membership in the Maine Merchants Association and my participation in membership services is subject to termination.

Signature: _____	Date: _____
Print Name: _____	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa / Mastercard
Make check payable to: Maine Merchants Association	Card # _____
Remit application to: Maine Merchants Association P.O. Box 5060 Augusta, ME 04332-5060	Exp. Date: _____ V Code (Back, 3 #'s on right) _____
	Signature: _____