

# 2019 PMCA of Kansas NEW Distributor Membership

**PLEASE COMPLETE THIS PAGE AND RETURN WITH A COPY OF YOUR 2019 DUES INVOICE AND PAYMENT.**

## • Annual PMCA Distributor Dues Assessment

- **Base Dues** - Base PMCA of Kansas Distributors Dues are determined by gasoline and diesel gallonage figures supplied by the Kansas Department of Revenue via the last four Quarterly Motor Fuel Gallonage Reports available to us. Base dues are assessed at 17 cents (\$.17) per thousand gallons reported on both gasoline and diesel.
- **Supplemental Dues (C-Stores)** - Supplemental dues of \$50 for each location reported are added to the base (gallonage) dues or minimum dues. **\*Please indicate the number of locations on the back of this sheet along with the names of the sites.**
- **Minimum Dues - \$295** - The minimum dues amount assessed is \$295 (plus applicable supplemental dues.)
- **Maximum Dues - \$3000** - Once the sum of base (gallonage) dues and supplemental dues reaches the maximum dues amount of \$3000, no further assessment applies.

## • Member Benefits

- PMCA newsletters, **The Marketer** quarterly magazine and legislative alerts
- Member price on PMCA group travel
- Recognition for sponsorship/contributions in PMCA publications
- Active participation in PMCA's grassroots legislative program
- Eligibility for PMCA's health insurance group plans
- Opportunity to serve on PMCA Committees (c-store/retail, membership/convention, motor fuels, transportation, and lube committees)
- Annual membership directory
- Regulatory assistance when dealing with State agencies (KDHE, Fire Marshal, KDOR, ABC, Weights & Measures, etc.)
- Ability to network with other petroleum retailers and convenience stores during association events
- Special pricing on goods and services from PMCA Endorsed Companies

## • GASPAC Contribution

**GASPAC** is PMCA's political action committee. Funds generated by **GASPAC** are utilized to help elect legislative candidates who are supportive of the goals and objectives of PMCA of Kansas and small business in general. Suggested contributions are \$165 annually, but any amount is appreciated.

Contributions to **GASPAC** may be included in your dues payments check.

## • Dues- Percentage Tax Deductible

Dues paid to PMCA of Kansas are not deductible as charitable contributions for tax purposes, but may be deductible as ordinary and necessary business expense. The portion of PMCA of Kansas dues expended on lobbying is 18% and is not deductible. For 2019, 82% of the amount paid to PMCA for dues is tax deductible. This amount includes the portion of your dues paid to the Petroleum Marketers Association of America.

**► IN ORDER TO BE INCLUDED IN OUR 2019 DIRECTORY ALL FIELDS MUST BE COMPLETED. ◀**

Company Name \_\_\_\_\_

Primary Company Contact \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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

**\* Please complete the accounts payable contact information. It will not be included in your directory listing.**

\* Accounts Payable \_\_\_\_\_ Phone \_\_\_\_\_

\* Billing Address (if different from above) \_\_\_\_\_

\* City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Method of Payment of 2019 PMCA Distributor Dues:** Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 or 4 Digit Security Code \_\_\_\_\_

**SEE BACK OF FORM ►►►**

**NUMBER OR C-STORE LOCATIONS \_\_\_\_\_**

**PLEASE LIST C-STORE LOCATIONS BELOW**

**C-STORE # 1**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 2**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 3**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 4**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 5**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 6**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**C-STORE # 7**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

***\*IF ADDITIONAL SPACE IS NEEDED PLEASE USE A SEPARATE SHEET OF PAPER***