



Application for Membership

A coalition of buyers, sellers, consignees and collectors of pre-owned property

Company Name, if any: _____

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address (if different from street address): _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

MEMBERSHIP CATEGORIES

A full year's membership, regardless of when you join -- members are billed in their anniversary month.

Individual Collector – \$35 Annual Dues, Per Collector \$ _____
Those who do not resell goods, but want to join the fight to preserve the resale industry.

Resale Merchant – \$95 Annual Dues, Per Location _____ x \$95 \$ _____
Merchants who resell goods, with annual gross sales of less than \$1 million.
Multiple locations – Save 20% when all locations join CARMAC at one time! _____ x \$76 \$ _____
On a separate page, please indicate the company name, member name, street address, phone, fax, e-mail and website address for each additional location.

Major Merchant – \$195 Annual Dues, Per Location \$ _____
Merchants whose annual gross sales of \$1 million or more per location.

Benefactor – Contact the CARMAC Office \$ _____
Members who voluntarily make an extra annual commitment of support to the Alliance.

I hereby apply for membership in CARMAC in the category indicated above. I agree to abide by the Bylaws of the California Alliance of Resale Merchants and Collectors, and I certify that I am not a pawnbroker. (All memberships subject to approval by the Board of Directors.)

Signature: _____

Date: _____

JOIN THE FIGHT!

- Check here if you are willing to send letters to your legislators.
- Check here if you are willing to visit your legislators in their District offices.
- Check here if you are willing to come to Sacramento to fight threatening legislation.
- Enclosed is my Political Action Committee (PAC) donation of\$ _____

..... **TOTAL: \$** _____

Enclosed is my check made payable to CARMAC. (There will be a \$20 service charge for each check returned by your bank.)

Please charge my VISA or MasterCard

Credit Card Number: _____

Exp. Date: _____

Security Code: _____ (On back of card in signature line)

Signature: _____

Return completed application, along with payment to:

CARMAC
1000 Q Street, Suite 206 • Sacramento, CA 95814-6518
FAX: 916-443-6719
Questions? Call 916-446-5165

Contributions, gifts, or dues are not deductible as charitable contributions for federal income tax purposes. Your dues will be used for lobbying activities as defined by the Revenue Reconciliation Act of 1993 and are, therefore, not tax deductible.