



## MEMBERSHIP RENEWAL FORM

Please note that a dues form is available at [kansasretailer.org](http://kansasretailer.org) at all times.

SEND TO: KABR  
PO Box 3842  
Topeka, KS 66604

Please update the information below. Home information is used to link retailers with legislators.

Licensee Name \_\_\_\_\_ Store Name \_\_\_\_\_

Designated Employee Member Name \_\_\_\_\_

Pay additional dues for a Designated Employee Member Below. This member may attend events and vote on behalf of your licensed store.

Store Address: Street \_\_\_\_\_ City/St/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone # \_\_\_\_\_

Cell/Mobile # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home County \_\_\_\_\_ Phone # \_\_\_\_\_

Annual Dues Level Complete Autopay form to pay monthly.

Level 1 \$100.00 per month/\$1200.00 per year/\$3.29 per day

Level 2 \$50.00 per month/\$600.00 per year/\$1.64 per day

Level 3 \$30.00 per month/\$360.00 per year/.99 cents per day \$ \_\_\_\_\_

American Beverage Licensees Dues\*\* : \$ \_\_\_\_\_ (\$ 25)

Voluntary Contribution\*\*\* : \$ \_\_\_\_\_

Any Amount Past Due: \$ \_\_\_\_\_

Designated Employee Dues (*enter name above*) \$ \_\_\_\_\_ (\$125)

Total Amount Enclosed: \$ \_\_\_\_\_

\*50% of your dues are tax deductible as a business expense – state association dues.

Dues levels are voluntarily based on store size – small (up to \$750,000) / medium (\$750,000-\$1,500,000 / large (\$1,500,000 and up). Our costs are increasing annually - please choose according to your ability to support KABR this year.

\*\*American Beverage Licensees (ABL) is the national organization for licensed retailers which represents the industry in Washington D.C. before Congress and interacts with other national association representing suppliers & wholesalers.

\*\*\*Voluntary support is 100% deductible as a business expense. Funds are dedicated to administrative expenses and to furthering the goals of the association on behalf of its membership as expressed in the articles of incorporation.

MAIL CHECK OR AUTOPAY FORM OR PAY BY CREDIT CARD. FAX TO 785-271-8143. COMPLETE THE FOLLOWING FOR CREDIT CARD: ALL INFORMATION MUST MATCH CREDIT CARD COMPANY RECORDS.

Card # \_\_\_\_\_ Circle One: Visa    MasterCard

Billing Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Signature: \_\_\_\_\_

# KANSAS ASSOCIATION OF BEVERAGE RETAILERS

P.O. Box 3842, Topeka, KS 66604 785-266-3963

## AUTHORIZATION AGREEMENT FOR AUTOPAY (ACH) TRANSACTIONS

I hereby authorize **Kansas Association of Beverage Retailers Inc.** hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Account Information:

Account Type: Checking  Savings

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9 digits)

Instructions: Transaction must be for a minimum of \$30 per month or \$25 per transaction if more often.

Please deduct \$ \_\_\_\_\_ per Month  Week  \_\_\_\_\_  (intervals for withdrawal)

Day of the month or week for withdrawal: \_\_\_\_\_ (optional)

Start Date: \_\_\_\_\_

This authorization is to remain in full force and effect until KABR has received written notification from me of its termination in such time and in such manner as to afford KABR and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*(Please attach a copy of a voided check along with this completed form.)*