

INVESTMENT SCHEDULE
Mississippi Petroleum Marketers and Convenience Stores Association
P. O. Drawer 3859 – Jackson, MS 39207-3859 – Federal Tax ID: 64-0359472

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **FAX:** _____ **E-Mail:** _____

Brand(s): _____ **Non-branded:** _____

Active Member:

1 Retail Location.....\$150.00 2 Retail Locations.....\$200.00 3 Retail Locations.....\$300.00

For members with 4 or more retail locations (convenience stores) your dues will be based on the schedule below:

To calculate: Consider gallons and dollars as equal units – Those who are engaged in both fuel sales and in c-store sales would pay the greater of the two

**The greater of: (1) annual fuel gallons purchased from all suppliers OR
 (2) annual inside merchandise sales excluding fuel**

0 to 2 million.....\$500.00	21 to 23 million.....\$2,600.00
2 to 5 million.....\$700.00	23 to 25 million.....\$2,900.00
5 to 7.5 million.....\$1,000.00	25 to 30 million.....\$3,200.00
7.5 to 10 million.....\$1,200.00	30 to 35 million.....\$3,500.00
10 to 12 million.....\$1,400.00	35 to 40 million.....\$4,000.00
12 to 15 million.....\$1,700.00	40 to 45 million.....\$4,500.00
15 to 18 million.....\$2,000.00	45 + million.....\$5,000.00
18 to 21 million.....\$2,300.00	

MPMCSA-PAC (voluntary):

\$100.00 (suggested amount)

A separate account is maintained for MPMCSA-PAC monies. However, one check for dues and PAC contributions is acceptable. In accordance with Congress' 1993 tax package, MPMCSA has determined that 11.8% of your association dues are non-tax deductible lobbying activities.

MPMCSA Foundation Scholarship Fund: I wish to support the scholarship program by contributing \$100.00 (amount requested)

Amount of Dues \$ _____

PAC \$ _____

MPMCSA Foundation Scholarship Fund \$ _____

Amount of Check \$ _____

OR Credit Card Charges + \$10 processing fee \$ _____

Indicate which method you are using to calculate dues:

_____ Fuel wholesaler paying on fuel gallons _____ Convenience store operator paying on retail sales (excluding fuel)

_____ Number of Retail Location: _____ (please complete even if you are paying on fuel gallons)

Fuel wholesalers please give gallonage figures. Gallonage is necessary in order to compute our PMAA dues.

Gasoline: _____ Diesel: _____ Middle Distillates: _____ Lubricants: _____
 (including kerosene, jet fuel, etc.)

I certify that the above information is true and accurate to the best of my knowledge:

 (Owner or President)

_____ Check Enclosed _____ Visa _____ MasterCard _____ Discover _____ American Express

AN ADDITIONAL \$10.00 PROCESSING FEE WILL BE ADDED TO ALL CREDIT CARD CHARGES.

Card Number: _____ **Expiration Date:** _____

Print Card Holder's Name: _____ **Signature:** _____

Amount of Dues: _____

**IN ORDER TO PROPERLY POST YOUR DUES A COPY OF THIS COMPLETED FORM
 SHOULD BE MAILED WITH YOUR PAYMENT**