



NEW YORK STATE LIQUOR STORE ASSOCIATION

2018-19 MEMBERSHIP INVOICE

**Membership runs from March 2018 – February 2019*

Please review the information contained on this form, make any necessary corrections or additions, and return this form with your check or credit card payment to:

**New York State Liquor Store Association
230 Washington Avenue Extension, Suite 101, Albany, NY 12203**

	Information on file with NYSLSA (new members, please complete this portion)	Requested Corrections for members who are renewing (only complete if applicable)
Name		
Store		
Liquor License #		
Address		
Address		
City, State, Zip		
Primary Phone		
Email		

Membership Type (Check One)		
<input type="checkbox"/> \$200.00 Membership Renewal		
<input type="checkbox"/> \$100.00 First Year Membership		
PAC Fund Additional Contribution (Check if Applicable)		
<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$50.00	<i>These are voluntary contributions to the NYSLSA Political Action Committee.</i>
<input type="checkbox"/> \$100.00	Other (\$ _____)	
The Internal Revenue Service has determined that association dues while not deductible as a charitable expense, may be deducted as ordinary and necessary business expense at a rate of 83%, as 17% of the organization's annual budget goes toward lobbying expenses.		

Payment (Check One)	
<input type="checkbox"/>	Check Enclosed for \$ _____ Please make checks payable to NYSLSA
Credit Card Payment	
Type of Card:	
Amount:	
Card Number:	
Exp Date:	
Security Code:	
Billing Address: <i>*if different from above</i>	
Name on Card:	
Signature:	

**YOUR
MEMBERSHIP
MATTERS**

**NYSLSA
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Albany, NY 12203
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F: 518-463-8656
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