

**ANNUAL MEMBERSHIP DUES FOR 2023**

DATE \_\_\_\_\_ NUMBER OF OFFICES \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

DUES SHALL BE DUE AND PAYABLE ANNUALLY ON JANUARY 1<sup>ST</sup>. EACH MEMBER SHALL PAY DUES FOR EACH OFFICE IN OPERATION ON THE FOLLOWING BASIS:

**PAID ON THE BASIS OF:**

- If you have only one office you pay.....\$300.00
- If you have two (2) offices through four (4) offices you pay.....\$250.00 per office
- If you have five (5) offices or more you pay.....\$225.00 per office
- The dues cap is.....\$10,000.00
- Associate Members pay.....\$300.00

If a new office has been opened during the year and a new application has not been completed, please indicate the new company on the list.

**PLEASE LIST ALL COMPANY NAMES, ADDRESSES, ZIP CODES, TELEPHONE NUMBERS FAX NUMBERS AND EMAIL ADDRESS - USE SEPARATE SHEET TO LIST ALL COMPANIES (LIST ACCORDING TO HOW YOU WISH THIS TO APPEAR IN THE MEMBERSHIP DIRECTORY AND MAILINGS.)**

1. COMPANY \_\_\_\_\_

Check Box if  
Address/ Contact  
Changed

PRIMARY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

2. COMPANY \_\_\_\_\_

Check Box if  
Address/ Contact  
Changed

PRIMARY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

3. COMPANY \_\_\_\_\_

Check Box if  
Address/ Contact  
Changed

PRIMARY CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

LFA DUES ARE NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION FOR TAX PURPOSES, BUT CONTINUE TO BE DEDUCTIBLE AS A BUSINESS EXPENSE.

YOUR ANNUAL DUES PAYMENT TO LFA IS NOT TOTALLY 100% DEDUCTIBLE AS A BUSINESS EXPENSE FOR FEDERAL INCOME TAX PURPOSES. THIS IS DUE TO THE 1993 OMNIBUS BUDGET RECONCILIATION ACT. WE EXPEND 45% FOR LOBBYING ACTIVITIES AND THAT PERCENTAGE WILL NOT BE TAX DEDUCTIBLE.