



**Association Offices**  
 1645 Parkhill Dr, Suite 6  
 Billings, MT 59102  
 406-256-1005  
 1-800-388-0236

**Allied Member Application**

**Incorporated Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City, State, Zip+4:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip+4:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Toll Free:** (\_\_\_\_) \_\_\_\_\_ **Fed. Tax ID #:** \_\_\_\_\_

**Web Site Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Name(s):** \_\_\_\_\_

**Manager's Name(s):** \_\_\_\_\_

<b><u>ANNUAL DUES INVESTMENT SCHEDULE</u></b>	
Annual Sales Under \$2 Million	\$ 250
Annual Sales Over \$2 Million	\$ 500

Please describe the products or services you provide: \_\_\_\_\_

**BILLING OPTION:** The best month to bill me each year for dues is: \_\_\_\_\_

<b><u>Payment Options</u></b>	
<input type="checkbox"/> My check is enclosed	Amount: _____
<input type="checkbox"/> Charge my credit card:	Visa/MC Amex Discover
Card Number: _____	
Signature: _____	Exp Date: _____
Printed Name: _____	

All Dues Investment Amounts are payable within 30 days of the Invoice Date. Dues to MTRA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. 15% of your annual dues are non-deductible for federal tax purposes under Sec. 162(e)(2) because they are allocated for lobbying activities. Your payments to us are NOT subject to backup withholding. Our Federal Tax ID# is 81-0293490.

All information is considered CONFIDENTIAL and is not supplied to any outside company. Membership Lists are made available to members upon request. For a list of endorsed providers, please ask your salesperson or call our office at 1-800-388-0236.

<b>Sales Agent or Office Use Only</b>			
Association Sales Rep or Agency	_____		
Benefit Interest:	WC	GF	CC