

## Membership Dues Renewal Form

### ASSOCIATION INFORMATION

Association Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

### EXECUTIVE INFORMATION

State Executive Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### STAFF INFORMATION

**Staffer #1** Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Include on listserv.

**Staffer #2** Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Include on listserv.

**Staffer #3** Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Include on listserv.

#### DUES

State Association (includes Executive) .....\$100

Additional Staff Members ( \_\_\_\_ × \$75) .....\$ \_\_\_\_\_

**Total Amount Enclosed** .....\$ \_\_\_\_\_

Please invoice my organization

#### Mail completed form with payment to:

Council of State Retail Associations

664 Sandpiper Bay Dr SW

Sunset Beach, NC 28468

**CSRA Tax ID: 20-2266267**

*Contributions or gifts to the Council of State Retail Associations are not deductible as charitable contributions for federal income tax purposes.*

*Renewals submitted on or after December 1 apply to the following membership year.*

**Scan this QR code to pay by credit card.**



[www.councilsra.com/dues](http://www.councilsra.com/dues)