

MONTANA TAVERN ASSOCIATION MEMBERSHIP APPLICATION FORM

Please Print this Form, Complete and Mail to: MTA / PO Box 851 / Helena, MT 59624

BUSINESS NAME:		
MAILING ADDRESS:		
STREET ADDRESS		
CITY:	STATE:	ZIP:
NAME OF LICENSEE:		
NAME OF MGR:		
MT RETAIL LIC NO:	FED ID #:	

REGULAR MEMBERSHIP *(Licensees Only)*

BASE DUES:	\$ 100.00
PLUS - No. of Keno & Poker Machines X \$15.00 ea.	\$
Optional Gold Star (Show of support for MTA - Additional \$100.00)	\$
TOTAL:	\$

ASSOCIATE MEMBERSHIP *(Non-Licensees Only)*

TYPE OF BUSINESS:	
Individual Firms \$100.00 (Optional Gold Star - Additional \$100.00)	\$
Minor Distributor \$250.00 (Optional Gold Star - Additional \$250.00)	\$
Major Distributor \$500.00 (Optional Gold Star - Additional \$500.00)	\$

COMPLETE THE FOLLOWING PAYMENT INFORMATION

Check Enclosed for: \$ _____

Credit Card charge* for: \$ _____ Mastercard Visa American Express

*Plus 3% Convenience Fee

Credit Card # _____ Exp. Date ____ / ____ CID / Card Code _____

Signature _____ Phone No: _____

Card Holder's Name (Please Print) _____

Address: _____ City: _____ State: _____ Zip: _____