

IFI JOINT AFFILIATE MEMBERSHIP APPLICATION

This application, upon acceptance, is for membership in IFI for drycleaning, laundry, and/or wetcleaning companies. This is a corporate membership that applies to all employees and locations of the company. Dues are based on the company's total number of full-time equivalent (FTE) employees.* *Membership is annual and dues are non-refundable.* Cancellations must be received in writing.

Dues may be tax deductible as an ordinary and a necessary business expense. However, dues supporting IFI's lobbying efforts are not deductible under provisions of the U.S. Internal Revenue Code. For

all states except: Wisconsin (19%), Arkansas, Kansas, Louisiana, Mississippi, Missouri, New Mexico, Oklahoma, Texas (8%), Alabama, Florida, Georgia, South Carolina (10%), District of Columbia, Maryland, Virginia, West Virginia (5.5%), Minnesota (8%), that percentage is 2%. Sixty-five dollars of the annual dues are for a one-year subscription to *Fabricare*.

Regular membership mailings and Fabricare will be sent to the address given below. Additional membership mailings to other locations are available at \$125 per location.

APPLICANT INFORMATION

Company Name _____ Date _____

Street Address _____ City _____

State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Contact Name Mr/Mrs/Ms _____ Title _____

IFI/AFFILIATE DUES SCHEDULE

Number of FTE (Full-Time-Equivalent) Employees	Annual Membership Dues Investment
0-5	\$389
6-8	\$675
9-11	\$829
12-15	\$1,126
16 and up	\$1,342

PAYMENT INFORMATION

*To calculate dues, count each full-time employee as one (1) FTE and each part-time employee as 1/2 FTE, or take the total current weekly hours of all employees and divide by 40. Add \$125 for each additional membership mailing to other locations with your annual dues and provide a list of the additional locations on a separate sheet of paper.

1) Please enter number of FTE Employees _____

2) Dues Investment (see schedule above) \$ _____

3) Add \$125.00 for each additional membership mailing locations (Important: List additional locations on a separate sheet of paper.) \$ _____

Total Dues Investment \$ _____

Check

Enclosed is my dues amount for _____
Made payable to IFI.

Charge

Please charge my dues payment of _____
To my: _____
___ VISA ___ MasterCard ___ American Express

Account# _____ Exp. Date ___/___

Signature _____

Name on Card _____

SPONSOR INFORMATION:

Name _____ Company _____

Address _____ City _____

State _____ Zip _____



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