



Annual Membership Dues & Licensee Fees Renewal Remittance Form

(DUE ON/OR BEFORE DECEMBER 10TH, 2014)

Member Firm Name:		
Invoice Number:		
ANNUAL MEMBERSHIP DUES		
Active	<input type="radio"/> \$500 (sales less than \$750,000) Revenue Verification Required⁽¹⁾	
	<input type="radio"/> \$900 (sales between \$750,001 and \$3,000,000) Revenue Verification Required⁽¹⁾	
	<input type="radio"/> \$1,200 (sales over \$3,000,000)	
Associate	<input type="radio"/> \$500 (sales less than \$1,000,000) Revenue Verification Required⁽¹⁾	
	<input type="radio"/> \$700 (sales between \$1,000,001 and \$5,000,000) Revenue Verification Required⁽¹⁾	
	<input type="radio"/> \$900 (sales between \$5,000,001 and \$10,000,000) Revenue Verification Required⁽¹⁾	
	<input type="radio"/> \$1,100 (sales over \$10,000,000)	
Affiliate Contractor	<input type="radio"/> \$100	
<p>⁽¹⁾ Revenue Verification Required: if a firm provides qualifying evidence that its gross annual sales within the states of Arizona, California, Nevada, and Oregon is less than the maximum sales amount (Active = sales over \$3,000,000, Associate = sales over \$10,000,000) then its invoice may be reduced. Evidence of sales may include either:</p> <ul style="list-style-type: none"> • A copy of the firm's Most Recently Filed Federal Income Tax Return must show "Gross Sales" along with the tax return preparer's company name, individual name, signature, and phone number), or • Letter from the firm's Certified Public Accountant (CPA), signed and on the CPA's respective letterhead, attesting to the member firm's annual gross sales. <p>PROFIT & LOSS STATEMENTS NOT ACCEPTABLE</p>		
LICENSEE RENEWAL FEES		
Non-Member	<input type="radio"/> \$1,000	
Member	<input type="radio"/> \$900	
		Subtotal
		C.E. Bernhauer Jr. Scholarship Foundation Contribution
		Total Amount to be Charged

Payment Method: Credit Card Check

Signature*: _____ **Authorized By:** _____ **Date:** _____

By checking this box, I authorize Woodwork Institute to accept this form as an electronically signed document; by submitting this signed document, I understand I am responsible for the information below.

*Signature only required if sent via fax or mail.

Charge our Credit Card: MasterCard VISA

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ **CVC Code:** _____

Billing Address: _____