



MEMBERSHIP INFORMATION

2014: NEW RENEWAL

ALL MEMBER APPLICANTS (Please type or print clearly - no abbreviations)

Company _____
 Primary Contact _____ Title _____
 Address _____
 City _____ State _____ ZIP _____
 Telephone _____ Fax _____
 E-mail Address _____
 Signature of Applicant _____ Date _____
 Sponsor (optional) _____

REGULAR MEMBER APPLICANTS ONLY

For those who are in the business of operating taxicab and/or paratransit services.

Annual dues are based on the total number of taxicab and/or paratransit vehicles of all companies, fleets, or associations the member owns, controls, provides support services to, or is associated with. For dues purposes, no distinction is made between vehicles operated by employees, leased vehicles, or vehicles driven by owners. The annual dues of cooperatives or associations of owner-drivers are based on the total number of associated taxicab and/or paratransit vehicles.

Total # of Vehicles _____ X \$ _____ Fee Per Cab = _____ + _____ Base Fee = \$ _____ Amount of Annual Dues

Number of Vehicles	Base Fee	Fee Per Cab	Total Cab Fees	Total Due Range
1-24	\$350	\$7	# of Cabs X \$7 + \$350 base	\$357 to \$518
25-50	\$750	\$7	# of Cabs X \$7 + \$750 base	\$925 to \$1,100
51-75	\$2,500	\$6	# of Cabs X \$6 + \$2,500 base	\$2,806 to \$2,950
76-250	\$3,000	\$6	# of Cabs X \$6 + \$3,000 base	\$3,456 to \$4,500
251-400	\$4,000	\$3	# of Cabs X \$3 + \$4,000 base	\$4,753 to \$5,200
401-2000	\$5,000	\$1	# of Cabs X \$1 + \$5,000 base	\$5,401 to \$7,000
2001-5000	\$10,000	\$1	# of Cabs X \$1 + \$10,000 base	\$12,001 to \$15,000

Amount of Annual Dues \$ _____ [4010]

LIFTPAC Contribution \$ _____ [2200]
 (Suggested LIFTPAC Contribution \$10 per car | 5,000 maximum)

Reward Fund Contribution \$ _____ [2300]
 (Suggested Reward Fund Contribution—\$1.00 per car)

TOTAL AMOUNT ENCLOSED \$ _____

**Dues must be paid in full upon application.
 Dues should be submitted with application to:**

**Taxicab Paratransit Association of California
 1415 L Street, Suite 1100
 Sacramento, CA 95814
 (916) 448-3444 • Fax (916) 448-0430**

Dues to the Taxicab Paratransit Association of California are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary expense to the extent that TPAC engages in lobbying. The non-deductible portion of dues for 2014 is estimated to be 30 percent.

ASSOCIATE MEMBER APPLICANTS ONLY

For any outside service or entity with an interest in the taxicab and/or paratransit industry, including out-of-state taxicab associations or companies. Associate Members Annual Dues: \$350.

Amount of Associate Member Annual Dues Enclosed \$ _____ [4025]

ASSOCIATION PRORATION POLICY

January 1 - June 15	Full Annual Dues
June 16 - Oct. 31	One-Half the Annual Dues
Nov. 1 - Dec. 31	Full Annual Dues (covering to Dec. 31 of following year)

REWARD FUND DECALS

___ Yes! Please send me TPAC's Reward Fund decals for my new cabs. Please indicate how many new vehicles you have. _____

PAYMENT OPTIONS

Check payable to TPAC: Check # _____ Credit Card: AMEX MasterCard Visa Exp. Date _____ VCode: _____
 Card #: _____ Name on Card: _____
 Card Billing Address: _____ City: _____ State: _____ Zip: _____
 Signature: _____ Date: _____