



TPAC MEMBERSHIP APPLICATION

2019 NEW RENEWAL

OWNER/OPERATOR 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 _____

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	\$15	# of Cabs X \$15 + \$350 base	\$365 TO \$710
25-50	\$715	\$15	# of Cabs X \$15 + \$715 base	\$1,090 TO \$1,465
51-75	\$1,500	\$15	# of Cabs X \$15 + \$1,500 base	\$2,265 TO \$2,625
76-125	\$2,250	\$15	# of Cabs X \$15 + \$2,250 base	\$3,390 TO \$4,125
126-250	\$3,000	\$15	# of Cabs X \$15 + \$3,000 base	\$4,890 TO \$6,750
251-400	\$3,750	\$15	# of Cabs X \$15 + \$3,750 base	\$7,515 TO \$9,750
401-2000	\$4,500	\$15	# of Cabs X \$15 + \$4,500 base	\$10,515 TO \$34,500

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)

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

PAYMENT OPTIONS: MONTHLY QUARTERLY YEARLY **TOTAL:** _____

PAYMENT OPTIONS

MONTHLY	Divide dues into 10 payments (20% upfront and remaining 80% spread over the next nine months) through auto-mated credit card payments only. No checks.
QUARTERLY	Divide dues into 4 equal payments for the year through quarterly automated credit card payments only. No checks.
YEARLY	Use a check or credit card to pay yearly dues in full.

*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 2019 is estimated to be 35%.

ASSOCIATION PRORATION POLICY

January 1 - June 15	Full Annual Dues
June 16 - Sept. 30	One-Half the Annual Dues
Oct. 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 (PLEASE PRINT CLEARLY)

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