

## **MEMBERSHIP AGREEMENT**

This Agreement is dated _	and is between the American Suntanning		
association ("ASA") and ("Salon Owner").			
NOW, THEREFORE, the pa	arties hereto hereby agree as follows:		
_	become a Member of the ASA, and the ASA accepts Salon re date of membership is		
salon owned by Salon Owner if pa	pay membership dues to the ASA equal to \$1200 per year per aid annually in advance or \$100 per month per salon owned by FT. Dues will commence on the effective date of membership		
•	owns tanning salons. Salon Owner agrees to advise the of the number of tanning salons owned by Salon Owner.		
4. The ASA agrees that all in the Preamble to this Agreemen	membership dues will be used solely for the purposes described t.		
Agreement, provided, however, the one year unless either party heret	e in effect for a period of one year from the date of this hat this Agreement shall automatically be renewed for periods or o shall elect to terminate this Agreement at the end of any such such effect to the other party more than 60 days prior to the end		
7. A form of EFT authorization monthly.	ation is attached for those Members electing to pay dues		
IN WITNESS WHEREOF, t date and year first mentioned abo	he parties have executed and delivered this Agreement as of the ove.		
Name of Salon Owner	Signature		

American Suntanning Association is a Section 501(c)(6) nonprofit organization. As such, contributions of gifts to this organization are not deductible as charitable contributions for Federal income tax purposes. However, payments of membership dues are deductible for most members of a trade association under Section 162 of the Internal Revenue Code as ordinary and necessary business expenses.

The Omnibus Budget Reconciliation Act of 1993 disallows tax deductions of the portion of dues which are used by organizations for legislative lobbying. ASA has determined that 100% of your dues are not deductible as ordinary and necessary business expenses.

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART I: MEMBERSHIP INFORMATION			
Member Salon			
Authorized Name:			
Member Mailing Address:		Suite or Building Name	
Member City	Member State	Member Zip Code	
Primary Contact Telephone Number:		Fax Number:	
Primary Contact Email Address:			
PART 2: PAYMENT INFORMATION			
Please select the payment method for your membership dues:			
Payment Type: ☐ Visa ☐ Master Card ☐ Discover	☐ American Express	☐ Checking Account ☐ Savings Accou	ınt ———
Complete if using a Credit Card to process membership dues:			
Billing Address of Credit Card:			
Billing City of Credit Card	Billing State of Credit Card	Billing Zip Code of Credit Card	
Name on Credit Card:			
Credit Card Number:	Credit Card Expiration Date:	CVV Code:	
Complete if using Checking or Savings Withdrawal to process members Name of Financial Institution:	hip dues:		
Address of Financial Institution:			
Financial Institution City	Financial Institution State	Financial Institution Zip Code	
,	Timerical institution state		
Financial Institutions Routing Number:		Checking or Savings Account Number:	
Number of Salons: x \$100 = Mont	thly Dues of \$		
First Debit Month:	<u> </u>		
The above stated and undersigned (Member) hereby authorizes the America	an Suntanning Association (ASA) to o	debit the Member's above listed financial resource at the	above
Stated "Monthly Dues" amount per month in the payment of membership d Month".			
This authorization shall remain in effect until cancelled by the Member in acc	ordance with the terms of the ASA M	Membership Agreement signed by the Member.	
The Member hereby authorizes the financial institution named above to accedesignated account described above.	ept transfer instructions from the Am	nerican Suntanning Association and to debit the undersig	gned's
Member:			
Signature:		Title:	
Print Signature Name:		Date:	