



Federal Tax ID#: 56-0340810

2012 CFIC Supplier Membership Investment Invoice

Name: _____ **Phone:** _____
Company: _____ **Cell:** _____
Address: _____ **Fax:** _____
City, State Zip: _____ **E-mail:** _____

CFIC Annual Membership Investment Levels

FRIEND OF INDUSTRY Level Benefits \$1,000

- Register an **unlimited number** of company reps for the convention.
- Receive **THREE** complimentary convention registrations for company reps.

SUPPORTER OF INDUSTRY Level Benefits \$ 500

- Companies who choose this level are permitted to bring **only ONE** company rep to the convention and this **one registration** is **complimentary**.
 (NOTE: The rep must pay convention registration for any family members.)

Please make checks payable to CFIC or provide credit card information below.

Name (as it appears on the card): _____

Billing Address: _____
(If different than above)

City, State Zip: _____ E-mail Receipt to: _____

Type of card: Visa MC Discover AmEx

Credit Card #: _____

Exp. Date: _____ CVV2: _____ Amount: _____

Send payments to:

Carolinas Food Industry Council
 PO Box 176001, Raleigh, North Carolina 27619
 Phone: (919) 832-0811 * Fax: (919) 832-0812 * brennaf@ncrma.org * www.cficweb.org

*Dues are tax deductible as a business expense, but not as a charitable contribution.
 Under federal law, 35% of your dues are allocated to lobbying (non-deductible), 65% are deductible.*