



## KANSAS ASSOCIATION OF BEVERAGE RETAILERS

P.O. Box 3842, TOPEKA, KS 66604

785-266-3963    [CAMPBELL525@SBCGLOBAL.NET](mailto:CAMPBELL525@SBCGLOBAL.NET)

[HTTP://KANSASRETAILER.ORG](http://KANSASRETAILER.ORG)

Dear KABR Member Retailer,

The past four years have been very positive for Kansas retailers. We were united in the face of extreme pressure and worked with supportive legislators to successfully hold off the big box liquor legislation. The Kansas City Retailers Conference and the Annual Convention have been excellent events, and support our communications with legislators and industry allies.

KABR is primarily financed by member dues. As business owners, we recognize that everything we purchase, including products from suppliers, utilities, and insurance has risen in cost. So, your annual membership is very important to our work.

We also know that Uncork Kansas – the big box retailers - are attacking us every year. 2015 was the first year Uncork was able to get a bill out of committee, and that bill sat on the Kansas House of Representatives Calendar for two sessions. It never received a floor vote, because the votes for passage were not there. Kansas retailers have proven that when we are pro-active and united, we succeed. For the past few years, KABR has averaged about Fifty Thousand Dollars each year in this fight. We must do better. We hope most of us retailers are not ready to concede our livelihoods to these out of state corporations.

Your dues and donations empower our organization to continue to fight the likes of Walmart, Kroger (Dillons/Kwik Shop), QuikTrip, Hy-Vee, Casey's, as well as the Petroleum Marketers. The dues structure is designed to fit into your budget monthly – like your gym membership or utilities payment – or can be paid with an annual check.

Please select from the following:

Level 1 \$100.00 per month/\$1200.00 per year/\$3.29 per day

Level 2 \$50.00 per month/\$600.00 per year/\$1.64 per day

Level 3 \$30.00 per month/\$360.00 per year/.99 cents per day

To pay monthly, complete the enclosed auto-pay form along with the dues form.

HOW MUCH IS YOUR BUSINESS WORTH TO YOU?

We are honored to represent the hard-working independent business owners of Kansas. Please do not hesitate to contact us if you have questions or suggestions.

Thank you,

Board of Directors, Kansas Association of Beverage Retailers

Brian Davis, President

[Davisliquor2@cox.net](mailto:Davisliquor2@cox.net)



## MEMBERSHIP RENEWAL FORM

Please note that a dues form is available at <http://kansasretailer.org> at all times.

SEND TO: KABR or fax to: 785-271-8143  
PO Box 3842  
Topeka, KS 66604

Please update the information below. Home information is used to link with legislators

**Name:**

**Store Name:**

**Street Address:**

**City, State, Zip:** ,

**Phone numbers – Work: Home: Mobile:**

**Email:**

Licensee Name \_\_\_\_\_ Store Name \_\_\_\_\_

Designated Employee Member Name \_\_\_\_\_

Pay additional dues for a Designated Employee Member Below. This member may attend events and vote on behalf of your licensed store.

Store Address: Street \_\_\_\_\_ City/St/Zip \_\_\_\_\_

County \_\_\_\_\_ Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ Cell/Mobile # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Home County \_\_\_\_\_ Phone # \_\_\_\_\_

2016 KABR Dues Complete Autopay form to pay monthly.

Level 1 \$100.00 per month/\$1200.00 per year/\$3.29 per day

Level 2 \$50.00 per month/\$600.00 per year/\$1.64 per day

Level 3 \$30.00 per month/\$360.00 per year/.99 cents per day \$ \_\_\_\_\_

American Beverage Licensees Dues\*\* : \$ \_\_\_\_\_ (\$ 25)

Voluntary Contribution\*\*\* : \$ \_\_\_\_\_

Any Amount Past Due: \$ \_\_\_\_\_

Designated Employee Dues (*enter name above*) \$ \_\_\_\_\_ (\$125)

Total Amount Enclosed: \$ \_\_\_\_\_

\*50% of your dues are tax deductible as a business expense – state association dues.

Dues levels are voluntarily based on store size – small (up to \$750,000) / medium (\$750,000-\$1,500,000 / large (\$1,500,000 and up). Our costs are increasing annually - please choose according to your ability to support KABR this year.

\*\*American Beverage Licensees (ABL) is the national organization for licensed retailers which represents the industry in Washington D.C. before Congress and interacts with other national association representing suppliers & wholesalers.

\*\*\*Voluntary support is 100% deductible as a business expense. Funds are dedicated to administrative expenses and to furthering the goals of the association on behalf of its membership as expressed in the articles of incorporation.

MAIL CHECK OR AUTOPAY FORM OR PAY BY CREDIT CARD. FAX TO 785-271-8143. COMPLETE THE FOLLOWING FOR CREDIT CARD: ALL INFORMATION MUST MATCH CREDIT CARD COMPANY RECORDS.

Card # \_\_\_\_\_ Circle One: Visa MasterCard

Billing Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Signature: \_\_\_\_\_

# KANSAS ASSOCIATION OF BEVERAGE RETAILERS

P.O. BOX 3842, TOPEKA, KS 66604 785-266-3963

## AUTHORIZATION AGREEMENT FOR AUTOPAY (ACH) TRANSACTIONS

I hereby authorize **Kansas Association of Beverage Retailers Inc.** hereinafter called COMPANY, to initiate debit entries to my account indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Account Information:

Account Type: Checking  Savings

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9 digits)

Instructions: Transaction must be for a minimum of \$30 per month or \$25 per transaction if more often.

Please deduct \$ \_\_\_\_\_ per Month  Week  \_\_\_\_\_  (intervals for withdrawal)

Day of the month or week for withdrawal: \_\_\_\_\_ (optional)

Start Date: \_\_\_\_\_

This authorization is to remain in full force and effect until KABR has received written notification from me of its termination in such time and in such manner as to afford KABR and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: ALL WRITTEN AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

*(Please attach a copy of a voided check along with this completed form.)*