

CALIFORNIA ASSOCIATION OF RETAIL TOBACCONISTS, INC.
C.A.R.T.

MEMBERSHIP APPLICATION

I hereby wish to join C.A.R.T. as a:

_____ Retail Member (Annual Dues \$100.00) \$ _____

_____ Other Contributions \$ _____

Your Name: _____

Company Name: _____

Mailing Address: _____

Email Address: _____

Telephone No.: _____

Please return this Membership Application and your check to the C.A.R.T. office:

C.A.R.T.
1440 Koll Circle, Suite 2014
San Jose, CA 95112

Visit our website at www.retailtobacconists.com