



MEMBERSHIP APPLICATION

This application, upon acceptance, is for membership in The North Carolina Association of Launderers and Cleaners (NCLAC) and The Drycleaning & Laundry Institute (DLI) for dry cleaning, laundry and/or wet cleaning companies. This is a corporate membership that applies to all employees and location of the company engaged in the drycleaning, laundry and/or wetcleaning business. Dues are based on the company(s) total number of full-time equivalent (FTE) employees. *Membership is annual and dues are non-refundable. Dues may be tax deductible as ordinary and a necessary business expense. However, dues supporting IFI's lobbying efforts are not deductible under provisions of the U.S. Internal Revenue Code. That percentage is 2% in North Carolina. Sixty-five dollars of the annual dues are for a one year subscription to FABRICARE. Regular membership mailings and Fabricare will be sent to the address given below.

APPLICANT INFORMATION

Company Name _____ Date _____
Street Address _____ City _____
State _____ Zip _____
Phone _____ Fax _____
E-mail _____ Website _____
Contact Name Mr/Mrs/Ms _____ Title _____

DLI/AFFILIATE DUES SCHEDULE

Due are based on the total Number of FTE (Full-time-Equivalent) Employees. To calculate dues, count each full-time employee as one (1) FTE and each part-time employee as <u> </u> FTE, or take the total current weekly hours of all employees and divide by 40. Add \$125 for each additional membership mailing to other locations with your annual dues and provide a list of additional locations on separate sheet of paper. Additional locations receive full membership benefits. (Including decal, Hotline access, Fabricare and Resource Subscriptions, etc.)	Number of FTE's	<u>Annual Dues Investment</u>
	0-5 -----	-\$415
	6-8-----	-\$721
	9-11-----	-\$886
	12-15-----	-\$1,203
	16 and up -----	-\$1,433

DUES INVESTMENT

1. Please enter number of FTE Employees _____
2. Dues Investment (see schedule above) \$ _____
3. Add \$125 for each additional plant \$ _____
TOTAL DUES INVESTMENT \$ _____

PAYMENT INFORMATION

Enclosed is my check in the amount of \$ _____
 Please charge my dues payment of \$ _____

TO MY:
___ VISA ___ MasterCard ___ American Express

SPONSOR INFORMATION

Name _____
Address _____

Account No. _____

Signature _____

Name on Card _____

Expiration Date: Month _____ Year _____

MAIL WITH CHECK OR CC AUTHORIZATION
NCALC
1403-A Sunset Drive
Greensboro, NC 27408