

BUSINESS ADVISORY COUNCIL**MEMBERSHIP APPLICATION – Eff. 9/2025**

122 C Street, NW; Suite 330, Washington, D.C. 20001. Telephone: 202/484-5222. Telefax: 202/484-5229

Purpose: The Business Advisory Council (BAC) represents all sizes of businesses, practitioners, and associations that are engaged in and support efforts of the Streamlined Sales and Use Tax Agreement ("SSUTA") to simplify the collection and remittance of sales/use taxes. The BAC is the formally recognized body under Sec. 811 of the SSUTA to represent the private sector to the SSUTA's Governing Board.

Company Name: _____

Billing Address: _____

City, State: _____ Zip: _____

Do you support the BAC's purpose (above)? Also, please explain your interest in joining the BAC:

Individual Company Representative's Name: _____

Telephone: _____ E-Mail: _____

Individual Company Representative's Name: _____

Telephone: _____ E-Mail: _____

If more space needed to identify company representatives, please attach additional information.

MEMBERSHIP TYPE (Please indicate type of membership)

- | | | |
|--|--------------------------|--------------------|
| Large Business (over 100 employees or revenue =>\$10M) | <input type="checkbox"/> | \$1000 annual dues |
| Med. Business, Assoc. & CSPs (50 – 100 employees & revenue <\$10M) | <input type="checkbox"/> | \$500 annual dues |
| Small Business & Consultants (10 - 49 employees & revenue <\$5 M) | <input type="checkbox"/> | \$250 annual dues |
| Small Retail Business (less than 10 employees) | <input type="checkbox"/> | \$100 annual dues |

(NOTE: Associations and service providers, regardless of revenue or number of employees, fall under a medium sized business membership or large business. Small retail business membership is only for retailers primarily making taxable retail sales. Consulting and practitioner firms are based on the above scale of number of employees.)

PAYMENT

- Invoice My Company
- Credit Card (AmEx, MasterCard, Visa)

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Please send completed application to Fred Nicely at fnicely@cost.org.