

# TAX RELIEF COALITION

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## COMPLETE AND RETURN THIS FORM TO:

Jade West, TRC Executive Secretariat  
c/o National Association of Wholesaler-Distributors  
FAX: 202-296-5940

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- Yes! We will join the Tax Relief Coalition as a member of the Steering Committee\*. Please invoice us for \$5,000.**

YOUR SOCIAL SECURITY NUMBER\*\*: \_\_\_\_\_

YOUR DATE OF BIRTH\*\*: \_\_\_\_\_

- Yes! We will join the Tax Relief Coalition as a General Member\*.**
- We're interested ... but have questions. Please contact me.**
- NO ... we are not interested.**

*PLEASE PRINT OR TYPE*

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_

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

*\*I understand that our organization's name will be placed on TRC's membership list, and that we will thus be identified with TRC's public statements.*

*\*\*To meet Secret Service requirements for any future White House visits.*