



*Serving the Small Businesses
That serve the Motorist*

Membership Application

NJGCA

4900 Rt. 33W – Suite 100 • Wall Twp., NJ 07753
Phone: 732-256-9646 • Fax: 732-256-9666 • Web: www.njgca.org



BUSINESS INFORMATION

Corporate Name: _____

Trade Name: _____

Contact Name: _____

Bus. Phone: _____ Fax: _____ Cell: _____

Site Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ County: _____

Mailing Address: Check here if same as above.

Mailing Address 1: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Email: _____

Business Email 2: _____

Business Email 3: _____

Business Type: Check All That Apply:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Quick Lube | <input type="checkbox"/> Car Dealer |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Auto Parts Supplier |
| <input type="checkbox"/> Auto Body | <input type="checkbox"/> Towing | <input type="checkbox"/> Petroleum Supplier |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Member Benefit Partner | <input type="checkbox"/> Oil / Lubricant Supplier |
| <input type="checkbox"/> Tire Store | | <input type="checkbox"/> Other _____ |

Date Business Started: _____ Number of Employees: _____ No. of Sites _____

If Gasoline Retailer Please Indicate:

- | | | |
|------------------------------|--------------------------------|---|
| <input type="checkbox"/> Own | <input type="checkbox"/> Lease | <input type="checkbox"/> Commission Agent |
|------------------------------|--------------------------------|---|

Supplier: _____ Brand: _____

- | | | |
|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> DTW | <input type="checkbox"/> Rack | <input type="checkbox"/> Other |
|------------------------------|-------------------------------|--------------------------------|

If Motor Vehicle Commission Please Indicate:

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> PIF | <input type="checkbox"/> ERF |
|------------------------------|------------------------------|



Please Provide Your Credit Card Information Below or Fill Out The Auto Bank Draft Form.

Annual Fee: \$450.00 1st Location
\$300.00 2nd Location
\$200.00 ea. 3rd – 10th Locations
\$100.00 ea. 11 + Locations

Credit Card Information: (Please Fill Out All Information Clearly)

Credit Card Type: Amex Visa MasterCard Diners Club

Name on Card: _____

Billing Address: _____

Credit Card No.: _____

Expiration Date: _____ **3 Digit code on back of card:** ____
4 Digit Code on front of card Amex Only: _____

I understand my credit card will be billed for 1 year of dues and then billed automatically every:

Please Select: 1 month \$40 3 months \$120 6 months \$230 Yearly \$450

Applicant's Signature: _____

Application Date: _____

Consent to Provide Information

I hereby consent to allow NJGCA to receive details on my participation in association-recommended benefit programs including, but not limited to, account information, pricing, insurance premium, dividends and claims information."

Applicant's Signature: _____

Application Date: _____

For Office Use Only

Business Location: Legislative District (1-40): ____ Congressional District (1-13): ____

Home Location Owner #1: Legislative District (1-40): ____ Congressional District (1-13) ____

Home Location Owner #2: Legislative District (1-40): ____ Congressional District (1-13) ____