

Membership Application

Corporate Name:					
Trade Name:	Bus. Phone 1:				
Bus. Phone 2:	Cell:		Contact Name:		
Site Address 1:	Address 2:				
City:	State:	Zip Code:	County:		
Mailing Address 1:		Address 2:			
City:	State:	Zip Code:	County:		
Business Email:					
Business Email 2:					
Business Email 3:					
Home City:					
Gas Auto Repair Auto Body Car Wash Tire Store Date Business Started	Business Type: Chec Quick Lube Convenience Store Towing Member Benefit F d: Number o	e Partner	Apply: Car Dealer Auto Parts Supplier Petroleum Supplier Oil / Lubricant Supplier Other No. of Sites		
If Gasoline Retailer I	Please Indicate:				
Own	Lease	Commis	sion Agent		
Supplier:		Brand:			
DTW	Rack	Other			
If Motor Vehicle Commission Please Indicate:					

PIF ERF



Please check below which of our cost saving Member Benefit Programs you would like to be contacted about.

Health Insurance	Security
Workman's Compensation	Payroll Services
Garage Liability Program	Credit Access
Tank Insurance	Disability & Income Protection
Credit Card Processing	Electric Energy Analysis
Compliance Consulting	Tank Contractor
Environmental Remediation Consulting	

Please Provide Your Credit Card Information Below or Fill Out The Auto Bank Draft Form.
Annual Fee: \$450.00 1 st Location
$\begin{array}{c} \text{Annual Fee. } $450.00 \\ \text{\$300.00} \\ 2^{\text{nd}} \text{ Location} \\ \end{array}$
\$200.00 ea. $3^{rd} - 10^{th}$ 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: _____