



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: _____

Business Type: Check All That Apply:

- Gas
- Auto Repair
- Auto Body
- Car Wash
- Tire Store
- Quick Lube
- Convenience Store
- Towing
- Member Benefit Partner
- Car Dealer
- Auto Parts Supplier
- Petroleum Supplier
- Oil / Lubricant Supplier
- Other _____

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

If Gasoline Retailer Please Indicate:

- Own
- Lease
- Commission Agent

Supplier: _____ Brand: _____

- DTW
- Rack
- Other

If Motor Vehicle Commission Please Indicate:

- PIF
- ERF

