

Nevada **Petroleum Marketers** & Convenience Store Association



APPLICATION FOR MEMBERSHIP

ASSOCIATION FOR MEMBERSHIP

AS P.O. Box 571500, Murray, Utah 84157-1500 • Tel (801) 263-WPMA (9762) • Fax (801) 262-9413 • www.wpma.com/become-a-member

lame of Company		Date			
Contact Person		Title			
Street Address					
Mailing Address	City		State	ZIP	
(P.O. Box) Telephone ()			State	ZIP	
E-mail		Annual Gallons (of all fuels and lubricating products sold			
Names and email addresses to be inclu	ıded in the Membership D	irectory and receive asso	of a ociation emails:	ll fuels and lubricating products sold,	
Name		Email			
Name		Email			
CHECK <u>ALL</u> THAT APPLY:					
☐ Wholesale Marketer		nd(s)]			
T Parall (C.Communication)	•				
☐ Retail (C-Store Marketer)	[Brai	nd(s)]		······································	
☐ Associate					
The magazine and directory are distribution issue of the WPMA News magazine and NOTE: WPMA dues are not deductible as a character Member Dues Members are petroleum marketers who sell guestel, kerosene, propane and other petroleum	I on the WPMA Website: waritable contribution for U.S. feeper Year: asoline, heating oil, diesel	ww.wpma.com. deral income tax purposes, b STATES Dues Amount HI \$650 ID \$650	Associate Mem Any firm or corp business directly		
wholesale and/or retail level. Members who market in more than one WPMA state, and receive a 20% discount on annual d Contact Jamie Wood for multiple state billing. 0 - 5 million gal/year:	ues in each additional state\$ 500/year	☐ MT \$650	Dues: 1-2 states: Full [3-5 states: \$615 6-8 states: \$575	Dues Amount /state /state	
5 - 7.5 million gal/year: 7.5 - 10 million gal/year:	\$ 800/year \$1,000/year	☐ WA \$650	states, your total dues would be $4 \times \$615 = \$2,460$ per year]		
15 - 25 million gal/year: 25 - 50 million gal/year: 50 - 100 million gal/year: 100+ million gal/year:	\$1,850/year \$2,850/year	Supplier / Refiner Dues Per Year Supplier/Refiner Member: Any person, partnership, or corporation manufacturing, refining and selling petroleum and/or alternative fuel pro Supplier / Refiner			
Please complete information and sign Method of Payment: Check Enclosed or Charge M	_	•	page.	☐ Discover	
Account #			Exp.	. Date	
Signature	Print Name	Referred Rv			





