



Application For Membership

HAWAII • IDAHO • MONTANA • NEVADA • NEW MEXICO • UTAH • WASHINGTON

PO Box 571500 • Murray, Utah 84157-1500 • Tel: (801) 263-WPMA (9762) • Fax: (801) 262-9413 • www.wpma.com



Name of Company _____ Date _____

Contact Person _____ Title _____

Street Address _____
City State ZIP

Mailing Address _____
(P.O. Box) City State ZIP

Telephone (____) _____ Fax (____) _____

E-mail _____ Annual Gallons _____
(of all fuels and lubricating products sold)

Check all that apply:

- Wholesale Marketer** _____
[Brand(s)]
- Retail (C-Store Marketer)** _____
[Brand(s)]
- Associate** _____
(Type of Business)
- Other** _____

We are interested in the following member services:

- Group Health Insurance**
- Group Life Insurance**
- Casualty Insurance**
- Other** _____

Dues include membership in Nevada Petroleum Marketers and Convenience Store Association (NPM&CSA), membership in WPMA, listing in the WPMA Membership Directory, and a subscription to the Western Petroleum Marketers News Magazine. The magazine and directory are distributed to members and associate members. Associate members are listed in the directory, in each issue of the Magazine and on the WPMA Web site: www.wpma.com.

Active Membership Dues Per Year:	Active I/M Membership Dues Per Year:	Associate Member Dues
0 - 5 million gal/yr:..... \$500/yr	1-5 I/M Stations	States
5 - 7.5 million gal/yr:..... \$650/yr	- \$350/yr	<input type="checkbox"/> HI _____
7.5 - 10 million gal/yr:..... \$800/yr	6-10 I/M Stations	<input type="checkbox"/> ID _____
10 - 15 million gal/yr:..... \$1,000/yr	- \$450/yr	<input type="checkbox"/> MT _____
15 - 25 million gal/yr:..... \$1,200/yr	11-20 I/M Stations	<input type="checkbox"/> NV _____
25 - 50 million gal/yr:..... \$1,850/yr	- \$550/yr	<input type="checkbox"/> NM _____
50 - 100 million gal/yr:..... \$2,350/yr	21+ - I/M Stations	<input type="checkbox"/> UT _____
100+ million gal/yr:..... \$2,950/yr	- \$650/yr	<input type="checkbox"/> WA _____
		Total _____
		Dues:
		1-2 states: \$500/state
		3-5 states: \$465/state
		6-7 states: \$425/state
		[For example: if you join in Nevada and three (3) additional states, your total dues would be 4 x \$465 = \$1,860]

Please print form, then complete information and sign below. See information above for mailing or faxing application.

Method of Payment:

- Check Enclosed** or **Charge My:** MasterCard Visa American Express Discover

Account # _____ Exp. Date _____

Signature _____ Print Name _____ Referred By _____