



APPLICATION FOR MEMBERSHIP

Nevada
Petroleum Marketer
& Convenience Store
Association



Hawaii • Idaho • Montana • Nevada • New Mexico • Utah • Washington

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

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 WPMA, listing in the WPMA Membership Directory, and a subscription to the WPMA News magazine. The magazine and directory are distributed to marketer members and associate members. Associate members are listed in each issue of the WPMA News magazine and on the WPMA Website: www.wpma.com. Access state information at www.wpma.com/nevada.

NOTE: WPMA dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.

<p>Marketer Member Dues Per Year: Members are petroleum marketers who sell gasoline, heating oil, diesel fuel, kerosene, propane and other petroleum products at both the wholesale and/or retail level. Members who market in more than one WPMA state will pay full dues in their home state, and receive a 20% discount on annual dues in each additional state. Contact Jamie Wood for Multiple state billing.</p> <p>0 - 5 million gal/year:.....\$ 500/year 5 - 7.5 million gal/year:.....\$ 650/year 7.5 - 10 million gal/year:.....\$ 800/year 10 - 15 million gal/year:.....\$1,000/year 15 - 25 million gal/year:.....\$1,200/year 25 - 50 million gal/year:.....\$1,850/year 50 - 100 million gal/year:.....\$2,350/year 100+ million gal/year:.....\$3,500/year</p>	<p>I/M Membership Dues Per Year:</p> <p>1-5 I/M Stations - \$350/year</p> <p>6-10 I/M Stations - \$450/year</p> <p>11-20 I/M Stations - \$550/year</p> <p>21+ I/M Stations - \$650/year</p>	<table border="1"> <thead> <tr> <th>STATES</th> <th>Amount</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> HI</td><td>_____</td></tr> <tr><td><input type="checkbox"/> ID</td><td>_____</td></tr> <tr><td><input type="checkbox"/> MT</td><td>_____</td></tr> <tr><td><input type="checkbox"/> NV</td><td>_____</td></tr> <tr><td><input type="checkbox"/> NM</td><td>_____</td></tr> <tr><td><input type="checkbox"/> UT</td><td>_____</td></tr> <tr><td><input type="checkbox"/> WA</td><td>_____</td></tr> <tr><td>TOTAL</td><td>_____</td></tr> </tbody> </table>	STATES	Amount	<input type="checkbox"/> HI	_____	<input type="checkbox"/> ID	_____	<input type="checkbox"/> MT	_____	<input type="checkbox"/> NV	_____	<input type="checkbox"/> NM	_____	<input type="checkbox"/> UT	_____	<input type="checkbox"/> WA	_____	TOTAL	_____	<p>Associate Member Dues Per Year: Any firm or corporation engaged in a business directly connected or affiliated with the petroleum marketing industry.</p> <p>Dues: 1-2 states: \$500/state 3-5 states: \$465/state 6-7 states: \$425/state</p> <p><i>[For example: if you join in Nevada and three (3) additional states, your total dues would be 4x \$465 = \$1,860 per year]</i></p>
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<input type="checkbox"/> WA	_____																				
TOTAL	_____																				
		<p>Supplier / Refiner Dues Per Year Supplier/Refiner Member: Any person, partnership, or corporation manufacturing, refining and selling petroleum and/or alternative fuel products.</p> <p><input type="checkbox"/> Supplier / Refiner..... \$1,000/year</p>																			

Please complete information and sign below. See mailing or faxing information at top of page.

Method of Payment:

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

Account # _____ Exp. Date _____

Signature _____ Print Name _____ Referred By _____