



# APPLICATION FOR MEMBERSHIP



WASHINGTON INDEPENDENT ENERGY DISTRIBUTORS

Hawaii • Idaho • Montana • Nevada • New Mexico • Oregon • 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](http://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)

Names and email addresses to be included in the Membership Directory and receive association emails:

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

### CHECK ALL THAT APPLY:

**Wholesale Marketer** \_\_\_\_\_ [Brand(s)] \_\_\_\_\_

**Retail (C-Store Marketer)** \_\_\_\_\_ [Brand(s)] \_\_\_\_\_

**Associate** \_\_\_\_\_ (Type of Business) \_\_\_\_\_

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](http://www.wpma.com). Access state information at [www.wpma.com/washington](http://www.wpma.com/washington).

**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.

Petroleum Jobber Membership 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 <b>20% discount on annual dues in each additional state.*</b>	
0 - 3 million gal/year: .....	\$ 700/year
3 - 5 million gal/year: .....	\$ 850/year
5 - 7.5 million gal/year: .....	\$1,050/year
7.5 - 15 million gal/year: .....	\$1,400/year
15 - 25 million gal/year: .....	\$2,100/year
25 - 50 million gal/year: .....	\$2,800/year
50 - 100 million gal/year: .....	\$3,500/year
100+ million gal/year: .....	\$4,900/year

Oil Heat Jobber Membership Dues Per Year:	
Members are oil heat marketers who sell heating oil 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 <b>20% discount on annual dues in each additional state.*</b>	
1 - 300,000 gal/year: .....	\$ 700/year
300,001 - 600,000 gal/year: .....	\$1,000/year
600,001 - 750,000 gal/year: .....	\$1,400/year
750,001 - 1 million gal/year: .....	\$1,700/year
1 - 2.5 million gal/year: .....	\$2,100/year
2.5 - 3.5 million gal/year: .....	\$2,800/year
3.5 - 5 million gal/year: .....	\$3,500/year
5+ million gal/year: .....	\$5,000/year

STATES	Dues	Amount	Associate Member Dues Per Year: Any firm or corporation engaged in a business directly connected or affiliated with the petroleum marketing industry. <b>Dues:</b> 1-2 states: Full Dues Amount 3-5 states: \$615/state 6-8 states: \$575/state <i>[For example: if you join in Washington and three (3) additional states, your total dues would be 4 x \$615 = \$2,460 per year]</i>
<input type="checkbox"/> HI	\$650	_____	
<input type="checkbox"/> ID	\$650	_____	
<input type="checkbox"/> MT	\$650	_____	
<input type="checkbox"/> NV	\$650	_____	
<input type="checkbox"/> NM	\$650	_____	
<input type="checkbox"/> OR	\$650	_____	
<input type="checkbox"/> UT	\$650	_____	
<input type="checkbox"/> WA	\$650	_____	
<b>TOTAL</b>		_____	

Supplier / Refiner Dues Per Year
Supplier/Refiner Member: Any person, partnership, or corporation manufacturing, refining and selling petroleum and/or alternative fuel products.
<input type="checkbox"/> Supplier / Refiner.....\$1,500/year

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 \_\_\_\_\_

\* Contact Jamie Wood at (801) 263-WPMA (9762) for multiple state billing