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Name of Comment				Data	V MARKETERS V	
Name of Company				Date		
Contact Person		Title				
Street Address						
Mailing Addungs	City			State	ZIP	
Mailing Address	City			State	ZIP	
Telephone ()		Fax (_)			
E-mail			Annu	al Gallons		
Names and email addresses to b					l fuels and lubricating products sold)	
Name		Email				
Name		Email				
CHECK <u>ALL</u> THAT APPLY:						
☐ Wholesale Marketer _						
		[Brand(s)]				
☐ Retail (C-Store Marketer	r)	[Brand(s)]				
_						
Associate		(Type of Business)				
Dues include membership in WP The magazine and directory are d the WPMA News magazine and on NOTE: WPMA dues are not deductible	listributed to marketer memb n the WPMA Website: www.w	pers and associate pma.com. Access J.S. federal income	e members. As s state informa tax purposes, b	sociate membe ation at www.w ut may be deducti	rs are listed in each issue of pma.com/hawaii. ble as a business expense.	
Marketer Membe Members are energy marketers who so lubricants, kerosene, propane and oth wholesale and/or retail level.	☐ HI \$6	ues Amount 50 50 50	Any firm or corporation engaged in a business directly connected or affiliated with the energy marketing industry.			
Members who market in more than or their home state, and receive a 20% d additional state. Contact Jamie Wood	liscount on annual dues in each	☐ NV \$6 ☐ NM \$6 ☐ OR \$6	50 50 50	Dues: 1-2 states: Full [3-5 states: \$615 6-8 states: \$575	ues Amount /state	
0 - 5 million gal/year: 5 - 10 million gal/year: 10 - 15 million gal/year:	\$ 750/year		50		n in Hawaii and three (3) additional states, ould be 4 x \$615 = \$2,460 per year]	
15 - 25 million gal/year: 25 - 50 million gal/year: 50 - 100 million gal/year:	\$1,500/year \$2,000/year	Supplier/F	Supplier / Refiner Dues Per Year Supplier/Refiner Member: Any person, partnership, or corporation manufacturing, refining and selling energy and/or alternative fuel products. Supplier / Refiner\$1,000/year			
100+ million gal/year:		manufact				
Please complete information and Method of Payment:	d sign below. See mailing or	faxing informat	ion at top of p	oage.		
	arge My: \square MasterCard	□Visa	☐ America	ın Express	D iscover	
Account #				Ехр	. Date	
Signature	Print Name			Referred By		





