



HAWAII IDAHO MONTANA NEVADA NEW MEXICO UTAH WASHINGTON

Application For Membership

PO 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 one of the WPMA states, membership in WPMA, a listing in the WPMA Membership Directory, and a subscription to the WPMA News Magazine. The magazine and directory are distributed to members and associate members. Associate members are also listed in each issue of the WPMA News Magazine and on the WPMA Website: www.wpma.com.

Active Membership Dues Per Year:

- 0 - 3 million gal/yr:..... \$375/yr
- 3 - 5 million gal/yr:..... \$500/yr
- 5 - 7.5 million gal/yr:..... \$650/yr
- 7.5 - 10 million gal/yr:..... \$800/yr
- 10 - 15 million gal/yr:..... \$1,000/yr
- 15 - 25 million gal/yr:..... \$1,200/yr
- 25 - 50 million gal/yr:..... \$1,850/yr
- 50 - 100 million gal/yr:..... \$2,350/yr
- 100+ million gal/yr:..... \$2,950/yr

WPMA STATES Associate Member Dues

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	_____

Dues:
1-2 states: \$500/state
3-5 states: \$465/state
6-7 states: \$425/state

*[For example:
if you join in four (4) states,
your total dues would be
4 x \$465 = \$1,860]*

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

Account # _____ Exp. Date _____

Signature _____ Print Name _____ Referred By _____