



# 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](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)

### 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](http://www.wpma.com). Access state information at [www.wpma.com/nevada](http://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><b>Marketer Member Dues Per Year:</b> 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> Contact Jamie Wood for Multiple state billing.</p> <p><b>0 - 5 million gal/year:</b>.....\$ 500/year  <b>5 - 7.5 million gal/year:</b>.....\$ 650/year  <b>7.5 - 10 million gal/year:</b>.....\$ 800/year  <b>10 - 15 million gal/year:</b>.....\$1,000/year  <b>15 - 25 million gal/year:</b>.....\$1,200/year  <b>25 - 50 million gal/year:</b>.....\$1,850/year  <b>50 - 100 million gal/year:</b>.....\$2,350/year  <b>100+ million gal/year:</b>.....\$2,950/year</p>	<p><b>I/M Membership Dues Per Year:</b></p> <p><b>1-5 I/M Stations</b> - \$350/year</p> <p><b>6-10 I/M Stations</b> - \$450/year</p> <p><b>11-20 I/M Stations</b> - \$550/year</p> <p><b>21+ I/M Stations</b> - \$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><b>TOTAL</b></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	_____	<b>TOTAL</b>	_____	<p><b>Associate Member Dues Per Year:</b> Any firm or corporation engaged in a business directly connected or affiliated with the petroleum marketing industry.</p> <p><b>Dues:</b>  <b>1-2 states:</b> \$500/state  <b>3-5 states:</b> \$465/state  <b>6-7 states:</b> \$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>
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	_____																				
<b>TOTAL</b>	_____																				
		<p><b>Supplier / Refiner Dues Per Year</b> 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 \_\_\_\_\_