



***If a problem arises, AUTO members can call on
their association***

**Who will you turn to?
Fill out your application today!**

AUTO MEMBERSHIP APPLICATION

PO Box 1420

McCleary, WA 98557

Voice: (360) 495-4941 Fax: (360) 637-3525 Email: tim@autowa.org

Firm _____ Gasoline Brand _____
Contact Name _____ Phone _____
Mailing Addr. _____ Fax _____
City _____ Zip _____ email address _____

Station physical locations (if different from above)

Station #1 Addr _____ Brand _____
City _____ Zip _____ Phone _____

Station #2 Addr _____ Brand _____
City _____ Zip _____ Phone _____

- \$295.00 Motor Fuel Marketers (Annual)**
 \$125.00 Associate (Annual)

I understand that dues are payable on the 10th of each Calendar Quarter or all Insurances or other Benefit Programs are automatically terminated.

Member's signature _____