



Retail Membership Application

Referred by _____

Please print information as you wish it to appear in the NYACS Membership Directory.

CORPORATE NAME.....

TRADE NAME (If Different)

MAIN CONTACT TITLE.....

ADDRESS.....

CITY/STATE/ZIP

PHONE..... FAX..... EMAIL.....

Please check all the counties that you operate in and provide the total number of stores you have in that county.

- Albany _____
- Allegany _____
- Bronx _____
- Broome _____
- Cattaraugus _____
- Cayuga _____
- Chautauqua _____
- Chemung _____
- Chenango _____
- Clinton _____
- Columbia _____
- Cortland _____
- Delaware _____
- Dutchess _____
- Erie _____
- Essex _____
- Franklin _____
- Fulton _____
- Genesee _____
- Greene _____
- Hamilton _____
- Herkimer _____
- Jefferson _____
- Kings _____
(Brooklyn)
- Lewis _____
- Livingston _____
- Madison _____
- Monroe _____
- Montgomery _____
- Nassau _____
- New York _____
(Manhattan)
- Niagara _____
- Oneida _____
- Onondaga _____
- Ontario _____
- Orange _____
- Orleans _____
- Oswego _____
- Otsego _____
- Putnam _____
- Queens _____
- Rensselaer _____
- Richmond _____
(Staten Island)
- Rockland _____
- Saratoga _____
- Schenectady _____
- Schoharie _____
- Schuyler _____
- Seneca _____
- St. Lawrence _____
- Steuben _____
- Suffolk _____
- Sullivan _____
- Tioga _____
- Tompkins _____
- Ulster _____
- Warren _____
- Washington _____
- Wayne _____
- Westchester _____
- Wyoming _____
- Yates _____

Additional contact:

NAME.....

TITLE

ADDRESS.....

CITY/STATE/ZIP

PHONE..... FAX.....

EMAIL

About my business:

We are a franchisee No Yes (Trade name _____)

We sell motor fuels No Yes (Brand _____)

Year Founded _____ Number of Stores _____

We hold a valid NYS Sales Tax Vendor certificate: No Yes

Membership investment is \$75.00 per store per year to a maximum of \$4,400.00 per company per year. Renewals are billed January 1st annually.

PAYMENT METHOD *Please Print*

Check Cardholder Name

Visa Card # Exp. Date.....

MasterCard Card # Exp. Date.....

Amex Signature.....

3 or 4 Digit Security Code

SUBMIT THIS APPLICATION TO:

NYACS
130 Washington Ave., 3rd Floor
Albany, New York 12210

Phone 800-33NYACS
Phone 518-432-1400
Fax 518-432-7400

If you operate stores outside of New York State, please note below.

State	#/Stores

In accordance with the provisions of The Omnibus Budget Reconciliation Act of 1993, 80% of your membership dues are deductible for federal tax purposes.

NYACS USE ONLY	Date Joined ____/____/____	Paid \$ _____
	# _____	Material Sent _____