



**REFINER/WHOLESALE SUPPLIER  
MEMBERSHIP**

P.O. Box 68  
Highspire, PA 17034-0068  
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Fax: (717) 939-2015  
info@ppmcsa.org  
www.ppmcsa.org

**A S S O C I A T E A P P L I C A T I O N**

We hereby apply for Associate membership in the above Association and agree to pay the **annual** dues indicated.

**Refiner/Wholesale Supplier . . . . . \$551.00**

**PLEASE TYPE OR PRINT AND CHECK YOUR MAIN PRODUCTS AND/OR SERVICES OFFERED ON THE REVERSE SIDE.**

Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Web Site URL \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I understand that the information above will be published in the PPMCSA Membership Directory and will, therefore, be available for use by any person who is able to obtain a copy of the Directory.

I understand that electronic communications may contain material that could be deemed unsolicited advertising under FCC rules. In choosing either method of communication as listed above, I hereby grant to PPMCSA express permission to deliver such communications to the applicable facsimile number and/or e-mail address designated above.

\_\_\_\_\_  
Company Representative Name & Title  
(Name to be shown in Directory)

\_\_\_\_\_  
Authorizing Signature

**PAYMENT MUST ACCOMPANY APPLICATION:** \_\_\_\_\_ \$551.00 Check Enclosed

**ADDITIONAL MAILINGS**

The designated company representative, listed above, receives a mailing as part of the dues payment. Additional mailings to other employees of the company may be added at \$30.00 each, annually. Please list additional mailing(s) below:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Web Site URL \_\_\_\_\_ Web Site URL \_\_\_\_\_

**IN ORDER FOR US TO BE ABLE TO REFER YOUR SERVICES TO OUR MEMBERSHIP, PLEASE COMPLETE THE INFORMATION ON THE REVERSE SIDE.**

**FOR OFFICE USE ONLY:** Company # \_\_\_\_\_ Master List \_\_\_\_\_ Web Site \_\_\_\_\_  
Computer \_\_\_\_\_ Rolodex Cards \_\_\_\_\_ File Folder \_\_\_\_\_ Dir. Add. \_\_\_\_\_  
Letter \_\_\_\_\_ Kit Sent \_\_\_\_\_ Date Approved \_\_\_\_\_

Please check the petroleum products, listed below, that are available from your company.

- Kerosene
- #2 Fuel Oil
- Diesel
- Gasoline
- Residual
- Lubricants, Industrial
- Lubricants, Automotive
- Propane
- Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRIBUTIONS OR GIFTS TO PPMCSA ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. HOWEVER, DUES PAYMENTS MAY BE DEDUCTIBLE BY MEMBERS AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE.**