

Membership Application
Mississippi Petroleum Marketers and Convenience Stores Association
P. O. Drawer 3859 ~ Jackson, MS 39207-3859 ~ Federal Tax ID: 64-0359472

Company: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ E-Mail: _____

Brand(s): _____ Non-branded: _____

Active Member:

1 Retail Location.....\$150.00 2 Retail Locations.....\$200.00 3 Retail Locations.....\$300.00

For members with 4 or more retail locations (convenience stores) your dues will be based on the schedule below:

To calculate: Consider gallons and dollars as equal units – Those who are engaged in both fuel sales and in c-store sales would pay the greater of the two.

The greater of: (1) annual fuel gallons purchased from all suppliers OR (2) annual inside merchandise sales excluding fuel

0 to 2 million.....\$500.00	21 to 23 million.....\$2,600.00	Amount of Dues	\$ _____
2 to 5 million.....\$700.00	23 to 25 million.....\$2,900.00		
5 to 7.5 million.....\$1,000.00	25 to 30 million.....\$3,200.00		
7.5 to 10 million.....\$1,200.00	30 to 35 million.....\$3,500.00		
10 to 12 million.....\$1,400.00	35 to 40 million.....\$4,000.00		
12 to 15 million.....\$1,700.00	45 + million.....\$5,000.00		
15 to 18 million.....\$2,000.00			
18 to 21 million.....\$2,300.00			

MPMCSA-PAC (voluntary):

\$200.00 (suggested amount)

PAC \$ _____

A separate account is maintained for MPMCSA-PAC monies. However, one check for dues and PAC contributions is acceptable. In accordance with Congress' 1993 tax package, MPMCSA has determined that 20% of your association dues are non-tax deductible lobbying activities.

MPMCSA Foundation Scholarship Fund: I wish to support the scholarship program by contributing \$100.00 (amount requested) \$ _____

Amount of Check \$ _____

OR Credit Card Charges + \$10 processing fee \$ _____

Indicate which method you are using to calculate dues:

____ Fuel wholesaler paying on fuel gallons ____ Convenience store operator paying on retail sales (excluding fuel)

____ Number of Retail Location: ____ (please complete even if you are paying on fuel gallons)

Fuel wholesalers please give gallonage figures. Gallonage is necessary in order to compute our PMAA dues.

Gasoline: _____ Diesel: _____ Middle Distillates: _____ Lubricants: _____
(including kerosene, jet fuel, etc.)

I certify that the above information is true and accurate to the best of my knowledge: _____
(Owner or President)

AN ADDITIONAL \$10.00 PROCESSING FEE WILL BE ADDED TO ALL CREDIT CARD CHARGES.

Payment Type:

____ Check ____ Credit Card Card Number: _____ Expiration Date: _____ Security Code: _____

____ Visa ____ MasterCard ____ Discover ____ American Express

Card Holder's Name: _____ (Print) Card Holder's Signature: _____

Credit Card Billing Address & Zip Code: _____

Amount Paid \$ _____

**IN ORDER TO PROPERLY POST YOUR DUES A COPY OF THIS COMPLETED FORM
SHOULD BE MAILED WITH YOUR PAYMENT**