

# MSSA MEMBERSHIP APPLICATION

As a member of the MSSA, I/we pledge to maintain loyalty and aggressively pursue the Association objectives; hold inviolate the confidential relationships between the individual members of my Association and myself and the confidential information entrusted to me through the Association office; exercise and insist on sound business principles in the conduct of affairs and agree to abide by the by-laws of the Association. It is my understanding that as evidence of my membership in the Association, I will be furnished with a display emblem of the Association. The emblem shall at all times remain the property of the Association and may be displayed during the entire time of my membership. I agree that this emblem will be used for no other purpose or by any other than the one described in this application. I agree, upon termination of my membership to remove all Association emblems from public display. The Association reserves the right to cancel membership for just cause.

## APPLICATION FOR BOARD APPROVAL

\_\_\_ Metro\* \$415    \_\_\_ Greater MN \$355    \_\_\_ Repair Only \$195    \_\_\_ Associate \$415

### Secondary Locations

\_\_\_ 2-5 Location            \$120 each  
\_\_\_ 6 Plus Locations        \$ 60 each

**\*Metro includes the following counties:**

**Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington & Wright.**

Credit Card Payment: (We only except Visa, Mastercard, Discover and AMEX)

Name on Card: \_\_\_\_\_

Address on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Corporate Billing (if different from above): \_\_\_\_\_

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

Federal Identification #: \_\_\_\_\_ State Unemployment #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Partner Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Referred By: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application continued on next page

**Please list three business references**

Name of business \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone # \_\_\_\_\_

Name of business \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone # \_\_\_\_\_

Name of business \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone # \_\_\_\_\_

**Please check (✓) all areas that represent your business. (Use N/A if not applicable to your business.)**

Gasoline Brand \_\_\_\_\_  
\_\_\_\_ Direct Supplied-From Refinery  
\_\_\_\_ Jobber Supplied  
Name of Jobber \_\_\_\_\_

Offer a Non-Oxy Premium \_\_\_\_\_  
\_\_\_\_ E-85  
\_\_\_\_ Diesel  
\_\_\_\_ Propane

Convenience Store \_\_\_\_\_  
\_\_\_\_ Quick Serve Restaurant  
\_\_\_\_ Co-branded  
(Brands \_\_\_\_\_)

Grocery Distributer \_\_\_\_\_

Auto Repair \_\_\_\_\_  
\_\_\_\_ Number of Bays

Car Wash \_\_\_\_\_  
Carwash Supplier \_\_\_\_\_  
Chemical Supplier \_\_\_\_\_  
Estimated age of carwash \_\_\_\_\_

Towing \_\_\_\_\_  
\_\_\_\_ 24 Hour Towing  
# of Trucks \_\_\_\_\_

Specialty Services \_\_\_\_\_  
\_\_\_\_ Alignment  
\_\_\_\_ Body Shop  
\_\_\_\_ Exhaust  
\_\_\_\_ Oil/Lube  
\_\_\_\_ Tune-ups  
\_\_\_\_ Other

Tire Supplier \_\_\_\_\_  
Parts Supplier \_\_\_\_\_  
Battery Supplier \_\_\_\_\_  
Uniform Supplier \_\_\_\_\_

Computer Company: \_\_\_\_\_  
# of Computers \_\_\_\_\_

ATM Machine \_\_\_\_\_  
Payphone \_\_\_\_\_

Credit Card Processing Co.: \_\_\_\_\_

Checks Service Co.: \_\_\_\_\_

Routine Lighting & Maintenance Co.: \_\_\_\_\_

Petroleum Sales & Service Co.: \_\_\_\_\_

# of Employees \_\_\_\_\_  
\_\_\_\_ Full-time  
\_\_\_\_ Part-time  
Open 7 days/week \_\_\_\_\_  
Open 24 hours \_\_\_\_\_

**Insurance**  
Workers Compensation  
Carrier \_\_\_\_\_  
Exp date \_\_\_\_\_

Business Liability  
Carrier \_\_\_\_\_  
Exp date \_\_\_\_\_

Health  
Carrier \_\_\_\_\_  
Exp date \_\_\_\_\_

**Legislative Districts:**  
Business:  
State \_\_\_\_\_ Federal \_\_\_\_\_  
Home:  
State \_\_\_\_\_ Federal \_\_\_\_\_

Tell us a little about yourself for the MSSA Newsletter:  
(How long have you been in business? What makes your business/location unique? etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_