



# Retail Membership Application

Referred by \_\_\_\_\_

CORPORATE NAME \_\_\_\_\_ Year Founded \_\_\_\_\_

TRADE NAME (If Different) \_\_\_\_\_

MAIN CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Additional contact:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Tell us about your business:**

Are you a franchisee?      No              Yes              (Trade name \_\_\_\_\_)

Do you sell motor fuels?      No              Yes              (Brand \_\_\_\_\_)

Do you hold a valid NYS Sales Tax Vendor certificate?      No              Yes

**Where are your convenience stores located? Please provide the total number of stores you have in each county.**

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

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

<b>STATE</b>	<b># OF STORES</b>

**Membership investment** is based on number of stores owned and ranges from \$85.00 to a maximum of \$4,950.00 per company per year. Renewals are billed January 1st annually.

*How many convenience stores do you own?*

1 Store: \$85	10 Stores: \$1,564	19 Stores: \$3,076
2 Stores: \$220	11 Stores: \$1,732	20 Stores: \$3,244
3 Stores: \$388	12 Stores: \$1,900	21 Stores: \$3,412
4 Stores: \$556	13 Stores: \$2,068	22 Stores: \$3,580
5 Stores: \$724	14 Stores: \$2,236	23 Stores: \$3,748
6 Stores: \$892	15 Stores: \$2,404	24-49 Stores: \$3,860
7 Stores: \$1,060	16 Stores: \$2,572	50-74 Stores: \$4,190
8 Stores: \$1,228	17 Stores: \$2,740	75-99 Stores: \$4,605
9 Stores: \$1,396	18 Stores: \$2,908	100+ Stores: \$4,950

***Payment Information***

Check # \_\_\_\_\_

Visa          Mastercard          AmEx          Phone # for card info \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

**PLEASE SEND YOUR COMPLETED APPLICATION TO:**

**E-mail**

alison@nyacs.org

**Mail**

NYACS

130 Washington Avenue, 3rd Floor  
Albany, New York 12210

**Fax**

518-432-7400

YOU WILL RECIEVE AN E-MAIL RECIEPT FOR YOUR PAYMENT.  
WATCH YOUR POSTAL MAIL FOR A MEMBER WELCOME PACKET.

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