



New York Association
of Convenience Stores

130 Washington Avenue • Albany, NY 12210

518-432-1400 P

518-432-7400 F

alison@nyacs.org

Associate Membership Application

Please enter information as you wish it to appear in the NYACS STOREfronts Quarterly newsletter.

Company _____

Primary Contact _____ Title _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Website _____ Year Founded _____

Additional representatives if any:

1. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

2. Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

For your free listing in STOREfronts Quarterly, please provide a 25-word description of your business and what makes it unique. Example: Full-service, family-owned distributor of widgets to convenience stores throughout New York for 35 years. Authorized Widgetmaster, Skyline, and Big Blue dealer. Do not repeat your business name.

Please check the product and/or service that you provide.

This will determine where your company is listed in the NYACS STOREfronts Quarterly newsletter.

Select only one.

Air & Vacuum Machines	Equipment Dealers	Motor Fuel
ATM Services	Equipment Repair	Packaged Ice
Baked Goods	Financial Services	Petroleum Services
Beverage Distributors	Food Service	Propane
Beverage Producers	General Merchandise	Real Estate
Brewers	Graphic Design	Recycling Services
Brokers	Human Resources	Scales
Candy & Gum	Ice Cream	Security
Coffee & Tea	Insurance	Snacks
Computer Hard/Software	Legal Counsel	Tobacco Products
Consulting	Lobbying	Vehicle Charging
Credit Card Processing	Lottery	Wholesale Distributors
Dairy Products	Marketing	

The total number of New York convenience stores we currently supply is _____

Select your annual investment amount.

\$525 – Associate Members supplying fewer than 500 New York convenience stores

\$840 – Associate Members supplying 500 or more New York convenience stores

Payment Information:

Check # _____ *Payable to New York Association of Convenience Stores • Federal Tax ID # 16-1279487*

Visa

MasterCard

American Express

Card Number _____ **Exp. Date** _____ **CVV#** _____

Name on Card _____

Billing Address _____

Send your completed application to:

NYACS • 130 Washington Avenue, 3rd Floor • Albany, NY 12210

Email: alison@nyacs.org • Fax: 518-432-7400

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.