



Indiana Petroleum Marketers and Convenience Store Association, Inc.
 600 East 96th Street ♦ Suite 585, Indianapolis, IN 46240
 Phone: (317) 633-4662 or (800) 732-1423 ♦ Fax: (317) 630-1827

MEMBERSHIP APPLICATION

We hereby apply for membership in the Indiana Petroleum Marketers and Convenience Store Association (IPCA):

Membership Type: Associate Member Supplier Member
 Refiner/Alternative Member Refiner/Conventional Member

President's Council: Yes, I would like to join the IPCA President's Council

Company Name _____

Doing Business As (if different) _____

How should company be listed in Membership Directory? As Company As DBA Listing

Main Contact (full name please, no initials) _____ Title _____

Mailing Address _____

Phone (_____) _____ - _____

Fax (_____) _____ - _____

Email _____

Web Site _____

Have you been an IOMA/IPCA member before? Yes No

If yes, under what company name? _____

Please provide an overview of your business: _____

Associate Member

Companies who provide equipment, services and products to wholesale and retail petroleum marketers

\$380.00/annually

Refiner/Supplier Member

Refiners are producers of petroleum and/or alternative fuels products purchased for resale by wholesalers or retailers and suppliers are position holders at petroleum supply terminals, including terminal operators

\$1,345.00	Supplier
\$1,345.00	Refiner / Alternative
\$4,230.00	Refiner / Conventional

President's Council

An exclusive membership category that offers additional benefits in addition to your Associate, Supplier or Refiner membership. Exclusive Annual VIP Luncheon, Complimentary Registrations to Member ONLY events, and more... (value of more than \$7,500)

\$4,680.00* President/s Council

*Annual membership includes your IPCA Associate, Supplier or Refiner membership dues.

Categories: The Associate Member roster is organized by category to provide a quick buyer's guide reference. Please choose from the categories listed below. **Regretfully, we only have room for one listing per company.** Choose the category which best describes your business.

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Food Distributors |
| <input type="checkbox"/> Additives/Anti-Freeze | <input type="checkbox"/> Gaming/Gambling Associations |
| <input type="checkbox"/> Appraisers | <input type="checkbox"/> Groceries/Pharmaceuticals |
| <input type="checkbox"/> ATM Services | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Media/Advertising |
| <input type="checkbox"/> Automated Fueling Systems | <input type="checkbox"/> Petroleum/Biofuel Suppliers |
| <input type="checkbox"/> Banks/Financial Institutions | (*Available only to Supplier/Refiner Members |
| <input type="checkbox"/> Business Forms & Supplies | <input type="checkbox"/> Real Estate/Broker |
| <input type="checkbox"/> Car Wash Systems | <input type="checkbox"/> Signage/Lighting/Canopy/Island Protector |
| <input type="checkbox"/> Computer Systems Consulting/Software | <input type="checkbox"/> State Agency Partners |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Tank Installation/Removal |
| <input type="checkbox"/> Contractor/Construction/Building | <input type="checkbox"/> Tank Lining Repairs & Testing |
| <input type="checkbox"/> Credit/Loss Control Services | <input type="checkbox"/> Tax Service/Management Services |
| <input type="checkbox"/> C-Store Equipment | <input type="checkbox"/> Telephone Services |
| <input type="checkbox"/> C-Store Suppliers (Non-Fuel) | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> DOT/Drug & Alcohol Testing | <input type="checkbox"/> Transporters |
| <input type="checkbox"/> Environmental Consultants/Services | <input type="checkbox"/> Truck Manufacturers |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other Services (Please describe below) |

Recommended by: Name _____ Company _____

Name of Cardholder _____

Credit Card Number _____
(We accept Visa, Mastercard, and American Express)

Amount Due _____ Expiration Date _____ Security Code _____

Billing Address of Credit Card _____

Signature of Cardholder _____

APPLICATION MUST BE ACCOMPANIED BY A CHECK OR CREDIT CARD FOR DUES

PLEASE FAX APPLICATION OR EMAIL WITH CREDIT CARD NUMBER TO:

FAX (317) 630-1827 or CATHY MELTON – cmelton@ipca.org

MAIL APPLICATION AND CHECK TO:
IPCA
ATTN: MEMBERSHIP DUES
600 EAST 96TH STREET – SUITE 585
INDIANAPOLIS, IN 46240