

# OPERATOR MEMBERSHIP APPLICATION



Automotive Oil Change Association

## Membership Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Recommended for membership by: \_\_\_\_\_

## Company Information

Number of Stores: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Do you accept DIY's oil (Y/N)? \_\_\_\_\_ Recycle antifreeze? \_\_\_\_\_ Have Storage Tanks? \_\_\_\_\_

If eligible for membership, our company will work to further the interests of the association and the industry. We will abide by the bylaws and affix our signature hereto in testimony of such intent:

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

By (Please Print or Type Name): \_\_\_\_\_

## Payment Information

Annual Membership Dues: Membership runs from January 1 – December 31						
Number of Locations:	1 – 2	3 – 5	6 – 10	11 – 25	26 – 99	100+
Cost ( <u>circle one</u> ):	\$395	\$495	\$695	\$795	\$920	\$1220

## Remittance Information

Check

Please make check payable to:

Automotive Oil Change Association  
1800 J Street  
Sacramento, CA 95811

Credit Card

Please do not provide credit card information on this contract.

Upon receipt of this contract, AOCA will email an invoice to the main contact with a link for online payment.