

VENDOR MEMBERSHIP APPLICATION



Automotive Oil Change Association

Membership Information

Company 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

Products/Services: _____

To what other industry associations does your company belong? _____

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

Vendor Member Annual Dues - \$1,000

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.