



***If a problem arises, AUTO members can call on  
their association***

**Who will you turn to?  
Fill out your application today!**

**AUTO MEMBERSHIP APPLICATION**

**PO Box 1420**

**McCleary, WA 98557**

**Voice: (360) 495-4941 Fax: (360) 495-4022 Email: [auto@reachone.com](mailto:auto@reachone.com)**

Firm \_\_\_\_\_ Gasoline Brand \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Addr. \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ email address \_\_\_\_\_

Station physical locations (if different from above)

Station #1 Addr. \_\_\_\_\_ Brand \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Station #2 Addr. \_\_\_\_\_ Brand \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**\$295.00 Motor Fuel Retailers**

**\$125 Associate (wholesalers & vendors)**

I understand that dues are payable on the 10th of each Calendar Quarter or all Insurances or other Benefit Programs are automatically terminated.

Member's signature \_\_\_\_\_