MEMBERSHIP APPLICATION

I. Complete Contact Info

Key Company Representative Info

Company		
Key Contact		
Title		
Email		
Cell		
Address		
CitySt		
Zip		
Phone		
Fax		
Website		
Additional Company Representatives		
Addt'l Contact		
Title		
Email		
Cell		
Address		

Submit on a separate sheet additional contacts, buyers, sales reps, etc. who would benefit from receiving industry information regarding legislation, events, and other industry news, and we will add them to our distribution list.

City _____St ____

2. Chose Membership Type

circle one option

Dues Investment Schedule

Associate Membership Dues	\$650
Includes suppliers, manufacturers, wholesalers, b	rokers
services.	

Retail Membership Dues

Retail Fleribership Baes		
I Georgia Store	\$300	
2 Georgia Stores		
3 Georgia Stores		
4 Georgia Stores		
5-9 Georgia Stores		
10-14 Georgia Stores		
15-19 Georgia Stores		
20-29 Georgia Stores		
30-39 Georgia Stores		
40-49 Georgia Stores		
50-99 Georgia Stores		
100+ Georgia Stores		
•		

3. Provide Company Information Retailers:

Total number of stores (including other states) = _____

Number of stores operating in Georgia = _____

Number of Georgia stores with gasoline = _____

Associate Members:

Our company is a (pick one):

- ☐ Manufacturer ☐ Wholesaler ☐ Broker ☐ Distributor ☐ Service Provider
- We provide the following goods and/or services to the convenience store industry (list any that apply):

4. Calculate Dues and Provide Payment

Annual Dues Amount	= \$		
GACSPAC Donation	= \$		
GACS Educational Fund Don			
TOTAL DUES AMOUNT	= \$		
☐ Check #(payable to GACS) Credit c	ard:		
Card #	•		
Exp. Date:			
Signature:			
Name (as it appears on card):			
· 			
Billing Address			
CV Code on Back of Card			



Remit to: GACS 168 North Johnston Street, Suite 209 Dallas, Georgia 30132 phone 770.736.9723 or 877.294.1885 fax 770.736.9725