



# MEMBERSHIP APPLICATION



**PLEASE MAIL COMPLETED APPLICATION TO:**

**Service Station and Repair Shop Operators of Upstate New York**

**3650 James Street, Suite 101 • Syracuse, NY 13206 • Phone: 315-455-1301 • Fax: 315-455-1302**

Business Name: \_\_\_\_\_ Owner/Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ NYS Inspection # \_\_\_\_\_

Gasoline Brand: \_\_\_\_\_ Motor Oil Brand: \_\_\_\_\_ #of Bays \_\_\_\_\_

Credit Card Service: \_\_\_\_\_ Uniform Company: \_\_\_\_\_

Current Insurance Company/ Carrier/Agent: \_\_\_\_\_

I am interested in the: (Check all that apply)

- Low Cost Workers Compensation Insurance
- Health Insurance
- Business Liability Insurance
- Education Programs
- Credit Card Programs
- Legislative Issues
- Other (please specify) \_\_\_\_\_

Industry Affiliate: (Check all that apply)

- I am joining to support my customers in the automotive industry.
- I may have a special program or discounts available to the members
- I may wish to advertise in the programs offered (Bulletin, Radio Show, Coupons, etc.)
- I may wish to participate in the Trade Show

I was referred by: \_\_\_\_\_

**I hereby apply for membership in the Service Station & Repair Shop Operators Association of Upstate New York, Inc. I acknowledge that new member dues are \$300.00 and renewal is \$350.00 per year and I may take a \$25.00 discount if I renew on or before January 1<sup>st</sup> of each subsequent year, members with multiple facilities are required to pay an additional \$150.00 for each additional location.**

**Amount Paid \$** \_\_\_\_\_

Please make checks payable to: **SSRSOUNY**

Payment Method: Check # \_\_\_\_\_ Bank \_\_\_\_\_

***We can also process your credit card payment over the phone. Please call the Association office at 315-455-1301***

Credit Card: (circle one) Visa / MasterCard / Amex / Discover Credit Card # \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

***Please sign this form before submitting:***

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

**THANK YOU FOR YOUR SUPPORT & REMEMBER OUR MOTTO, "WE DO BETTER TOGETHER"**