



Non Profit Organization

OIL DEALERS/MARKETERS MEMBERSHIP APPLICATION

FWEDA Oil Dealers Association is a separate For-Profit entity under the management of Far West Equipment Dealers Association.

As a legitimate Distributor of Viscous Oil whose primary purpose is to promote the business of distributing/wholesaling/retailing viscous oil of the Western United States, we hereby apply for membership in the FWEDA Oil Dealers Association. It is understood that upon acceptance of this application by the Association and upon the payment of dues as established by the Board of Directors of the Association, this membership will become effective and will remain in effect until termination is requested by the member or is ordered by the Board. It is agreed to honor the objectives as stated by the Articles of the Association.

ANNUAL MEMBERSHIP DUES - \$275.00

Instructions

- 1. Please TYPE or CAREFULLY PRINT the information requested exactly.
2. Membership fee(s) can be paid by check or credit card.
3. To pay by check, send completed form and fees to Far West Equipment Dealers Association, 2355 N. Lincoln Street, Dixon, CA 95620-9215
4. To charge by credit card, fax completed form to (707) 678-0125 with credit card information (VISA or MasterCard).

Location: [ ] Main [ ] Branch

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 800: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

I understand that by providing the fax number(s) above, on behalf of the company/organization specified, I am authorized to and hereby consent for the company/organization to receive faxes sent by or on behalf of Far West Equipment Dealers Association.

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

General Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Parts Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Service Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Manufacturer Lines: \_\_\_\_\_

To charge by credit card:



Credit Card #: \_\_\_\_\_ Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

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