



APPLICATION FOR ASSOCIATE MEMBERSHIP

We hereby apply for Associate Membership of Fueling Minnesota, and in consideration of our application being accepted, and in consideration of similar applications by other members, we agree to abide by, and be governed by its By-laws, and further agree to pay to the order of Fueling Minnesota, annual dues in the amount specified below:

Supplies, Equipment, Service:	\$ 555.00
Fuel Transporter/Common Carrier, Wholesale Grocer, Tobacco:	\$1,635.00
Producer, Refiner, Pipeline	\$2,210.00

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

PRINTED NAME: _____

SIGNATURE: _____

Please provide a brief description of your products and/or services. This will be used in the yearbook.

Return Application & Fee to: Fueling Minnesota, 3244 Rice Street, St. Paul, MN 55126

Fax: 651-484-9189 or jmurphy@fuelingmn.com