



Membership Application

COMPANY PROFILE

Company Type: Retail Transportation Equipment Wholesale Appliances Other _____

Company Name _____

Primary Representative _____

Mailing Address _____

City _____ State _____ Zip _____

County _____

Phone _____ Fax _____

Email _____ Website _____

MEMBERSHIP TYPE

Intrastate Marketer Retail Location

Any company or entity which is engaged in the business of selling propane gas directly to the ultimate consumers in the State of Michigan.

MPGA Dues (Required with application) \$400 x _____ Locations = \$ _____

NPGA Dues (Required with application)

1-2 Locations \$498 (Combo Price) \$ _____

3-5 Locations \$270 (Combo Price) \$ _____

6+ Locations \$256 (Per Location) \$256 x _____ Locations = \$ _____

Associate Member \$400

Any company or entity which does not qualify for membership under the below categories, but is associated in some manner with the propane gas industry.

\$ _____

Individual Member \$110

Persons who are employed by or retire from of a member company of this association.

\$ _____

Dispensing Unit Retailer \$110 per location

Any company or entity which is engaged in the business of selling motor fuels, dispensing and refilling cylinders. This is non-voting membership.

\$110 x _____ Locations = \$ _____

Cylinder Exchange Retailer \$40 per location

Any company or entity which is engaged in only exchanging cylinders and do not fill cylinders. This is a non-voting membership.

\$40 x _____ Locations = \$ _____

TOTAL DUE \$ _____

Retail Location: A location is defined as a location where propane is stored, transferred or business is conducted with the public (in person or by the phone) or any combination of the above, excluding public refilling locations.



ADDITIONAL LOCATIONS/EMPLOYEES

Please include contact information for additional plants included in MPGA dues. Information provided on this form will be used for the MPGA Membership Directory unless you note otherwise.

1. Contact Name Email

Address

City State Zip

Phone Mobile

2. Contact Name Email

Address

City State Zip

Phone Mobile

3. Contact Name Email

Address

City State Zip

Phone Mobile

PAYMENT METHOD

Check Payable to Michigan Propane Gas Association VISA MasterCard American Express

Credit Card No. Exp Date

Name on Card CVV

Billing Address *(if different from above)*

Signature