



NEW MEMBER INTRODUCED BY
(Please print your name here)

OFFICE USE ONLY

ACSR # _____

DATE _____

MEMBERSHIP APPLICATION (NON-C STORE)
(ASSOCIATE MEMBER)
(PLEASE PRINT)

ADMISSION FEE	\$50.00 PER STORE	CURRENTLY WAIVED
ANNUAL MEMBERSHIP FEE	\$50.00 PER STORE	WAIVED FOR THE FIRST YEAR

BUSINESS NAME _____

NATURE OF BUSINESS _____

BUSINESS ADDRESS _____

CITY _____ TX, ZIP CODE _____ COUNTY _____

BUS. PHONE _____ FAX _____

ARE YOU A MEMBER OF S.T.M.A., I. B.C. OR ANY OTHER TRADE GROUP YES ☐ NO ☐

*If checked YES, you cannot join ACSR unless you terminate your membership in that group.
If you would like to join ACSR, please sign the attached letter and enclose it with your application.*

BUSINESS OWNED BY (Please check applicable box)

SOLE PROPRIETOR ☐ CORPORATION ☐ PARTNERSHIP ☐

NAME OF THE CORPORATION
OR PARTNERSHIP _____
(If applicable)

YOUR POSITION IN CORPORATION*
OR PARTNERSHIP** _____

*You must be an authorized officer to sign on behalf of the corporation

**You must be an authorized partner to sign on behalf of the partnership

YOUR NAME _____

E. MAIL ADDRESS _____ MOBILE _____

MAILING ADDRESS _____
(If different from business address and you would like to receive mail at this address)

CITY _____ TX, ZIP CODE _____

T.I.N. (EIN) # (CORPORATION OR PARTNERSHIP)

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OR

SOCIAL SECURITY # (SOLE PROPRIETOR)

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SALES TAX PERMIT #

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(IF APPLICABLE – ATTACH A COPY OF THE CERTIFICATE)

BY SIGNING BELOW:

I confirm that I meet the eligibility requirement(s) for membership. The information provided by me on the Membership Application is true and correct to the best of my knowledge and belief. I understand that providing incorrect information and/or failure to abide by the Bylaws and Rules of the Association might result in termination of my membership from the Association. I undertake to keep the Association fully informed of any changes at all times and shall protect, indemnify and save harmless the Association, its officers, employees and agents against any and all loss, damage, or liability due to any of my act, omission or negligence. I shall not hold the Association, its officers, employees, or agents liable for any loss, damage or liability incurred by me due to any act or omission on their part in the execution of their duties as long as it is in good faith.

Date: _____

SIGNATURE**W-9 - Request for Taxpayer Identification Number and Certification**YOUR NAME _____
(as shown on your income tax return)BUSINESS NAME (DBA) _____
(if different from above)

Check appropriate box:

INDIVIDUAL/SOLE PROPRIETOR ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER ☐

ADDRESS _____

CITY _____ TX, ZIP CODE _____

PART I

Enter your TIN (EIN) in the appropriate box. For individuals, this is your social security number (SSN)

TIN

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SS#

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PART II - CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding (Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)
3. I am a U.S. person (including a U.S. resident alien).

SIGNATURE _____ Date _____

PLEASE MAIL THE COMPLETED APPLICATION AND COPY OF SALES TAX PERMIT (IF APPLICABLE) TO:

ASSOCIATION OF CONVENIENCE STORE RETAILERS
9502 COMPUTER DRIVE # 111
SAN ANTONIO, TX 78229

PHONE (210) 692-3100 - FAX (210) 692-3101

The Secretary
Association of Convenience Store Retailers
9502 Computer Drive, Suite #111
San Antonio, TX 78229

Date _____

Dear Sir:

This is to inform you that the following business was a member of:

IBC ☐ STMA ☐ OTHER TRADE GROUP ☐
(Please check the applicable box)

BUSINESS NAME _____
(PLEASE PRINT)

ADDRESS _____

PHONE NO _____

This is to advise you in writing that the above-named business has terminated its membership in the group/association (checked box) with immediate effect.

As of the date of this letter the business has decided to join Association of Convenience Store Retailers, and confirms that it does not belong to any other similar group or association.

You are hereby authorized to advise any and all vendor(s) to delete the above-noted business from the membership of any group/association, and include it in the ACSR membership entitling it to receive benefits under the ACSR deals.

YOUR NAME _____
(PLEASE PRINT)

YOUR POSITION _____
(PLEASE PRINT)

SIGNATURE

Date _____