

NEW MEMBER INTRODUCED BY (Please print your name here)	<b>9502 COMPUTER DRIVE, STE 111</b> <b>SAN ANTONIO, TX 78229</b> PH: (210) 692-3100 FAX: (210) 692-3101 WWW.ACSRTX.COM	OFFICE USE ONLY ACSR # DATE:				
	A.C.S.R. MEMBERSHIP APPLICATION					
	(Please submit separate application for each store) (PLEASE PRINT IN CAPITAL LETTERS)					
	\$100.00 PER STORE( Currently Waived )\$300.00 PER STORE( Membership Fee waived for	or the First Year )				
STORE NAME						
STORE ADDRESS						
CITY	TX. ZIP CODECO	UNTY				
STORE PHONE	FAX					
YOUR NAME						
EMAIL ADDRESS	MC	)BILE				
DO YOU HAVE GAS? YES (Please check applicable box)	□ NO □ IF YES, BRAN	IDED 🗌 NON-BRANDED 🗌				
IF BRANDED, WHICH BRAN	D					
If checked YE	DF S.T.M.A., I. B.C. OR ANY OTHER TRADE GR CS, you cannot join ACSR unless you terminate your membershi e to join ACSR, please sign the attached letter and enclose it with	ip in that group.				
BUSINESS OWNED BY (Pleas	se check applicable box)					
SOLE PROPRIETOR	CORPORATION	PARTNERSHIP				
NAME OF THE CORPORATION OR PARTNERSHIP	N					
NO. OF STORES	HOW LONG IN BUSINESS					
YOUR POSITION IN CORPOR OR PARTNERSHIP**						
	ast be an authorized officer to sign on behalf of the co ast be an authorized partner to sign on behalf of the p					
MAILING ADDRESS (If diffe	erent from store address and you would like to receive mail at this	address)				
CITY	TX. ZIP CODE					
NAME, POSITION & CONTA	CT NUMBER OF ALTERNATE AUTHORIZED P	ERSON				

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ASSOCIATION OF CONVENIENCE STORE RETAILERS 9502 COMPUTER DR. SUITE # 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 store was a member of:

 IBC
 STMA
 OTHER TRADE GROUP

 (Please check the applicable box)

STORE NAME	(PLEASE PRINT)	
ADDRESS		
PHONE NO.		

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

As of the date of this letter the store 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 store 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