



NEW MEMBER INTRODUCED BY
(Please print your name here)

**9502 COMPUTER DRIVE, STE 111
SAN ANTONIO, TX 78229**
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)

ADMISSION FEE \$100.00 PER STORE (Currently Waived)
ANNUAL MEMBERSHIP FEE \$300.00 PER STORE (Membership Fee waived for the First Year)

STORE NAME _____

STORE ADDRESS _____

CITY _____ TX. ZIP CODE _____ COUNTY _____

STORE PHONE _____ FAX _____

YOUR NAME _____

EMAIL ADDRESS _____ MOBILE _____

DO YOU HAVE GAS? YES NO IF YES, BRANDED NON-BRANDED
(Please check applicable box)

IF BRANDED, WHICH BRAND _____

IS THE STORE 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 _____

NO. OF STORES _____ HOW LONG IN BUSINESS _____

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

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

CITY _____ TX. ZIP CODE _____

NAME, POSITION & CONTACT NUMBER OF ALTERNATE AUTHORIZED PERSON

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 _____