



**SERVICE STATION FRANCHISE ASSOCIATION, INC.
MEMBERSHIP FORM**

()Yes I want to add my voice and join the Service Station Franchise Association, Inc.

Section I (All franchisees complete Section I, if you are a multi unit owner, attach site numbers on a separate sheet)

Site Contract Number(s)_____ Number of Sites_____

Business Name on Franchise Agreement_____

Name of Franchisee on Franchise Agreement_____

Address:_____

Telephone Number:_____ Cell :_____

Email_____

Signature:_____ Date_____

Section II (only complete if Representative is different than franchisee of record)

Designated Representative:

By signing below, I certify that the Franchisee identified above (or in the case of multiple units, on the attached sheets) have authorized me to speak and vote for it/them with respect to the Service Station Franchise Association..

Name:_____

Address:_____

Telephone Number:_____ Cell :_____

Email_____

Signature:_____ Date_____

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Dues: Dues are \$150 for the first store/per year and \$25.00 per each additional store.

Make check payable to SSFA, Inc.

_____ enclosed is our check for \$_____.

**MAILING ADDRESS
SSFA MEMBERSHIP**

23261 CAJALCO EXPRESSWAY, PERRIS CALIFORNIA 92571

FOR MORE INFORMATION VISIT OR EMAIL US ON THE WEB

WWW.ONLINESSFA.ORG EMAIL: INFO@ONLINESSFA.ORG

NO ONE FRANCHISEE IS AS STRONG AS ALL FRANCHISEES TOGETHER