



MEMBERSHIP APPLICATION

Service Station Dealers & Automotive Services of Greater NY, Inc.
421 Waverly Avenue
Mamaroneck, NY 10543
914-698-5188 Fax: 914-698-4787 www.ssdgny.org

I/we hereby apply for membership in Service Station Dealers & Automotive Services of Greater New York, Inc. whose purpose is: to foster fair standards of business practice in all branches of automotive retail service industry; to foster legislation – local, state and national of benefit to its members; to disseminate such information as is of benefit and vail to its members and the motoring public.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

OWNER NAME: _____

OWNER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

MEMBERSHIP TYPE: ☐ Full Membership ☐ Discounted Membership ☐ Associate Membership

☐ Auto Parts ☐ Auto Sales ☐ Body Shop ☐ Car Wash ☐ Dismantler ☐ Tire Sales

☐ Towing Service ☐ Convenience Store ☐ Gas Station / Brand of Gas: _____

☐ Inspection Station ☐ Repair Shop Facility No. _____

WC Policy Renewal Date: _____

**DUES FEE IS PAYABLE 4 MONTHS IN ADVANCE UPON SIGNING.
PAY 12 MONTHS UPFRONT FOR A DISCOUNT.**

Billing: ☐ Monthly ☐ Automatic Monthly Payments by ☐ ACH or ☐ Credit Card

I understand and agree that this application is for membership in the Service Station Dealers & Automotive Services of Greater New York, Inc. at the prevailing monthly membership rate. I am responsible for the dues each month unless I notify Service Station Dealers & Automotive Services of Greater New York, Inc. in writing 30 days in advance that I no longer desire membership. All outstanding dues, fee premiums and moneys due must be paid upon cancellation.

As the owner of or a principal in the member business herein, I guarantee that any and all moneys due Service Station Dealers & Automotive Services of Greater New York, Inc. will be paid and in a timely manner.

Print Name: _____ Title: _____ Date: _____

Signature: _____ Area Rep: _____