

# New York State Car Wash Association Membership Form



Indicate the type of membership for which you qualify with an "X".

Carwash ..... # \_\_\_\_\_

Manufacturer/Supplier/Distributor..... # \_\_\_\_\_

Total \$ \_\_\_\_\_

Membership includes a window sticker, membership communications and all benefits. Visit [nyscwa.com](http://nyscwa.com) for a complete list of membership benefits.

## We need this information!

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Phone (    ) \_\_\_\_\_ Company Fax (    ) \_\_\_\_\_

Email Address \_\_\_\_\_

Type of operation and number of each: tunnel \_\_\_\_\_ self-serve \_\_\_\_\_ in-bay automatic \_\_\_\_\_

If you operate a tunnel, which type? (full serve, flex or express?) \_\_\_\_\_

What issues would you like the association to explore? \_\_\_\_\_

## Method of Payment

Check/Money Order made payable to: **New York State Car Wash Association**

Visa, Mastercard or American Express also accepted.

Account Number

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Expiration Date

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CVV#

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Name on Card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Please mail this completed membership form (with check if applicable) to:

**NYSCWA \* PO Box 230 \* Rexford, NY 12148**