

**2011 ANNUAL MEMBERSHIP DIRECTORY  
ASSOCIATE MEMBER - COMPANY PROFILE**

**Keep Information Same as Last Year \_\_\_\_\_  
Or**

**Please type or print the following information as you  
wish it to appear in the 2011 IOMA Membership Directory**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(primary contact)

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E MAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

Type of products and/or services provided to motor fuel marketers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list under the following "Product and Service" categories.  
(check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> C-STORE PRODUCTS / SERVICES | <input type="checkbox"/> INSURANCE             |
| <input type="checkbox"/> CONSTRUCTION & MAINTENANCE  | <input type="checkbox"/> LEGAL SERVICES        |
| <input type="checkbox"/> ENVIRONMENTAL SERVICES      | <input type="checkbox"/> PROFESSIONAL SERVICES |
| <input type="checkbox"/> EQUIPMENT                   | <input type="checkbox"/> SIGNS / ELECTRIC      |
| <input type="checkbox"/> FINANCIAL SERVICES          | <input type="checkbox"/> TRANSPORTATION        |
| <input type="checkbox"/> FIRE SUPPRESSION SYSTEMS    | <input type="checkbox"/> MISCELLANEOUS / OTHER |

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Fax or Mail to IOMA

Fax: 508.355.8952 Mail: PO Box 1827  
Falmouth, MA 02556