

Independent Oil Marketers Association
P.O. Box 1827 North Falmouth, MA 02556
P: 508.548.7627 email: romano@iomane.com F: 508.355.8952

Application for Associate Membership

Key Contact _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

Web _____

Type of products and/or services provided to motor fuel distributors:

In addition to the key contact please include the following in your mailing list and membership directory:

Name _____ Title _____ Email _____ Fax _____

Name _____ Title _____ Email _____ Fax _____

Name _____ Title _____ Email _____ Fax _____

Please make Check payable to IOMA and mail to:

IOMA
PO Box 1827
N. Falmouth, MA 02556

Signed _____ Title _____

Amount enclosed: \$750.00 Date _____