

RETAILER Membership Application

| Company: | Recommended By: |
|---|--|
| Name: | Title: |
| Mailing Address: | City/State/Zip: |
| Billing Address: | City/State/Zip: |
| Phone: | Fax: |
| Email: | Website: |
| □ By checking this box, I agree to receive texts from CFCA at th□ Check this box to be excluded from our email distributions | iis mobile number: |
| RETAILER: Applies to owners/operators of retail sites su □ \$100 - First store □ Additional stores: (x \$50 per store) Total: | |
| 10% of membership dues will be contributed to the CFCA Political Action Committee (ID#760982). Contributions to | Payment Type: □ Check □ Visa □ MC □ AMEX |
| CFCA's PAC are voluntary and not deductible as charitable contributions for federal or state income tax purposes. | Credit Card #: |
| | Credit Card #: CSV: |

acknowledge that you have read and understood CFCA's Data Privacy Statement and Photograph

Release Agreement. Visit https://www.cfca.energy/ privacy-statement/ to read the full Privacy Statement. Apply online at www.cfca.energy

Or via fax to (916) 646-5985