

Connecticut Carwash Association 2015 Membership Form



Indicate the type of membership for which you qualify by writing in the number of memberships you would like to purchase:

Carwash (Primary Membership)..... # _____ at \$300.00
Manufacturer/Supplier/Distributor..... # _____ at \$300.00

Total \$ _____

(If you are primarily a manufacturer/supplier/distributor, please join as one (not as a carwash).)

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 _____

What issues would you like the association to explore in 2015? _____

If you operate additional locations, please list them here. If needed, write additional locations on the back of this form.

Carwash Name _____ Manager _____

Street Address _____ City/State/Zip _____

Carwash Name _____ Manager _____

Street Address _____ City/State/Zip _____

Method of Payment

☐ Check/Money Order made payable to: **Connecticut Carwash Association**

☐ Visa®

☐ Mastercard®

☐ Amex®

Pay on line at www.wewashcars.com

Account Number

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Expiration Date

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Security Code _____

Name on Card (please print) _____

Signature _____

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

CCA * PO Box 230 * Rexford, NY 12148