



MIDWEST CARWASH ASSOCIATION

Membership Application

Company Name _____ Renewal New Member

Other Business Name (if applicable) _____

Business Type (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Conveyor | <input type="checkbox"/> Detail Shop |
| <input type="checkbox"/> In-Bay Automatic | <input type="checkbox"/> Self-Serve |
| <input type="checkbox"/> Oil-Lube | <input type="checkbox"/> Credit Card Processor |
| <input type="checkbox"/> Chemical Distributor | <input type="checkbox"/> Insurance Provider |
| <input type="checkbox"/> Carwash Mfr. | <input type="checkbox"/> Soap Mfr. |
| <input type="checkbox"/> Equipment Mfr. | <input type="checkbox"/> POS |
| <input type="checkbox"/> Other _____ | |

Address _____

City _____ State _____ Zip _____

Contact Person _____

Phone _____ Fax _____

Email _____

(Please provide an up-to-date email to ensure that you receive all MCA communications)

Operator Member Annual Dues \$150

Supplier/Distributor/Manufacturer Member Annual Dues \$150

PAYMENT METHOD

Check payable to MCA Check # _____ VISA MasterCard Discover Amex

Credit Card Number: _____ Expiration: _____ Code: _____ Zip: _____

Name: _____ Signature: _____

MAIL FORM AND PAYMENT TO :

Midwest Carwash Association
120 N. Washington Square
Suite 110A
Lansing, MI 48933
Or Fax to 517-371-1170

QUESTIONS?

Contact us by email at
info@midwestcarwash.com
or call **1-800-610-4512**