



## Application for Membership

**Business Name** \_\_\_\_\_

### Billing Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Shipping Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Manager's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

1. If your business location is at a different address, please list below.

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

2. Do you have more than one store or business location? If so, please list the names and addresses of all of your stores. If you need additional space please attach a list.

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

3. Type of business:

Appliance                       Plumber                       Natural Gas  
 HVAC                                       Other                                       Propane

4. HVAC License # \_\_\_\_\_

5. Type or Brand of Products \_\_\_\_\_

6. Are you a participant in our insurance program? \_\_\_\_\_

I have read and understand the terms and conditions set forth and agree to abide by the policies and conditions of G.A.S. membership.

\_\_\_\_\_  
*Signature*

**Please submit this application with your check of \$65 per store payable to: G.A.S., Inc., P.O. Box 1649, Little Rock, Arkansas 72203-1649.**