



National Coalition of Associations  
of 7-Eleven Franchisees

**2015 AFFILIATE MEMBER APPLICATION**

Please complete this form and mail or e-mail with payment to: *Affiliate Program, National Coalition of Associations of 7-Eleven Franchisees, 740 Front Street, Suite 170, Santa Cruz, CA 95060; phone 831-426-4711; fax 831-426-4713; email nationaloffice@ncasef.com.*

**PLEASE TYPE OR PRINT**

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax \_\_\_\_\_

Purchase Order # \_\_\_\_\_

**PAYMENT BY CHECK**

NCASEF Affiliate Member dues are \$1,500 annually. Please make checks payable to NCASEF.

**BY CREDIT CARD**

Card Type \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ *(not valid unless signed)*