

Chapter # \_\_\_\_\_



# 2015 OFFICIAL MEMBERSHIP APPLICATION

As a member of the Alliance of Automotive Service Providers of PA (AASP-PA) I will abide by the Association's bylaws. I understand that membership in AASP-PA is non-transferable. I also understand that AASP-PA membership dues are deductible as a business expense for Federal income tax purposes but are not deductible as a charitable contribution. Additionally, I understand that as part of my AASP-PA membership. I will receive **PENNSYLVANIA AUTOMOTIVE & Insider News** magazine, the official publication of AASP-PA and other mailings.

## BUSINESS INFORMATION

Business Representative Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street Address City State Zip

County: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Year Started in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

## CHECK ONE OR MORE DIVISIONS WHICH YOUR BUSINESS IS INVOLVED

- Towing       Collision       Mechanical

## DUES

Annual Dues: \$395      Payment Method:  Check (made payable to AASP-PA)       Credit Card (Fill out & sign section below)

## CREDIT CARD INFORMATION

Credit Card: \_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street Address City State Zip

*I hereby authorize AASP-PA to charge the credit card listed above for my annual dues payment, in the amount of \$395.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEMBERSHIP TERMS & AGREEMENT

I hereby consent to allow AASP-PA to receive details on my participation in association-recommended benefits programs including, but not limited to, account information and pricing, insurance premium, dividend and claims information.

I further agree that by providing my mailing and email addresses, telephone and fax numbers, I consent to receive communications sent by or on behalf of AASP-PA via regular mail, email, telephone or fax.

I understand that the AASP-PA sign and logo policy authorizes businesses that are members in good standing to use the AASP-PA logo. Should my membership in AASP-PA expire, I agree, at that time, to discontinue all uses of the association's logo and signs.

I agree to the above membership requirements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**2151 Greenwood Street \* Harrisburg, PA 17104 \* (717) 564-8400 \* Fax (717) 564-5215**

**\*\* For Office Use Only: Track #   1   \*\***