

CHAPTER # _____

COUNTY _____



2016 OFFICIAL ALLIED 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, and I may be required to pay affiliate and chapter dues. 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.

***** PLEASE TYPE OR PRINT LEGIBLY *****

BUSINESS INFORMATION

Mr. Mrs. Ms. Miss

Business Representative Name: _____

Business Name: _____

Street Address: _____

STREET

CITY

STATE

ZIP

Mailing Address: _____

(IF DIFFERENT FROM STREET ADDRESS)

STREET/BOX

CITY

STATE

ZIP

Phone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

Web Site Address: _____

Month & Year Started in Business: _____

Number of Employees: _____

Enrolled by – Name: _____

Referred by – Name: _____

Address: _____

Shop: _____

IS YOUR BUSINESS A (CHECK ONE)

Partnership

Corporation

Single Proprietorship

PERSONAL INFORMATION

Name: _____

Nickname: _____

Home Address: _____

STREET/BOX

CITY

STATE

ZIP

Home Phone Number: (____) _____

Birth Date: _____

(CONTINUED ON BACK)

