

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



# 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, 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.

## MEMBER INFORMATION

Instructor Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

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

WHAT BENEFITS MOTIVATED YOU TO JOIN AASP-PA? \_\_\_\_\_

## CHECK ONE OR MORE SECTIONS IN WHICH YOU INSTRUCT STUDENTS

- Auto Body/Collision Repair
- Automotive Mechanics
- Diesel Equipment Repair
- Other: \_\_\_\_\_

## DUES

State \$250  
 Local Chapter ~~\$25~~ - waived  
 TOTAL DUE \$ \_\_\_\_\_

**\* PAYMENT OPTIONS CAN BE FOUND ON PAGE 2 \***

## 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 \_\_\_\_\_



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## PAYMENT OPTIONS

Check - Please fill out **BANK ACCOUNT PAYMENT** section below  Credit Card - Please fill out **CREDIT CARD PAYMENT** section below

### BANK ACCOUNT PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **Alliance of Automotive Service Providers of Pennsylvania (AASP-PA)** (hereinafter called **AASP-PA**) to initiate debit entries in the amount of \$\_\_\_\_\_ to my account:

Monthly (on the first of each month)  Quarterly (on the first day of April, July, October and January)  Annually (January 1st of the new year) at the bank or other financial institution named below (hereinafter called **BANK**), and to debit the same amount to such account and sent this amount to **AASP-PA**.

Any charges **AASP-PA** receives from the **BANK** because of insufficient funds in the account at the time it was to be deducted will be charged back to me.

### BANK ACCOUNT INFORMATION (Attach copy of voided check)

Bank Name: \_\_\_\_\_ Bank Account # \_\_\_\_\_

Bank 9-digit ABA Transit Routing # \_\_\_\_\_  Checking OR  Savings



**Sample Check - Please attach your voided check here**

### CREDIT CARD PAYMENTS

I, the undersigned participant in a pre-arranged payment plan, hereby authorize Alliance of Automotive Service Providers of Pennsylvania (AASP-PA) (herein called AASP-PA), to initiate credit card payments in the amount of \$\_\_\_\_\_ to my account:

Monthly (on the 20th of each month)  Yearly (January 20th of the new year) from the credit card information supplied 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

### PARTICIPANT/MEMBER INFORMATION

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

I agree that these payments are subject to automatic renewal of membership and dues will be charged on a regular basis (as indicated above). If I wish to cancel my membership, I understand that a letter indicating my request for cancellation must be received by AASP-PA in such time and manner as to afford AASP-PA and the BANK/CREDIT CARD COMPANY a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_