Chapter #		
County		



2017 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.

PENNSYLVANIA AUTOMOTIVE &Insider	News magazine, th	ne official publica	tion of AASF	P-PA and other	mailings.	
BUSINESS INFORMATION						
Business Representative Name:						
Business Name:						
Street Address: Street Address						
Street Address		City		State	Zip	
County:		Phone Number:	()			
Fax Number: ()		Email Address:				
Website Address:						
Year Started in Business:		Number of Emp	loyees:			
CHECK ONE OR MORE DIVISIONS	WHICH YOUR BU	SINESS IS INVO	LVED			
Towing Collis	sion	Mechanical	Eı	nrolled by:		
DUES						
Annual Dues: \$395 Payment Me One-Time Enrollment Fee (waived i	thod: Check (r) f paid in full at time			Credit Card	d (Fill out section b	elow)
I, the undersigned participant in a pre Pennsylvania (AASP-PA) (herein called Monthly (by the 10 from the credit card information supp	-arranged payment AASP-PA), to initiat Oth of each month)	e credit card payr	horize Alliano ments in the		to m	
·		IT CARD INFORM	IATION			
Credit Card: Visa MasterCa						
Card Number			Exp. Date	Se	curity Code	_
Name on Card		City	State	,		
I agree that these payments will be charged on for cancellation must be received by AASP-PA	=					
Signature				Date		
MEMBERSHIP TERMS & AGREEM	ENT					
I hereby consent to allow AASP-PA to rece limited to, account information and pricin					rograms including, bu	ıt not
I further agree that by providing my mailir behalf of AASP-PA via regular mail, email,		es, telephone and f	ax numbers, I	consent to recei	ve communications se	ent by or on
I understand that the AASP-PA sign and lo	go policy authorizes b	ousinesses that are	members in g	ood standing to	use the AASP-PA logo.	. Should my

** For Office Use Only: Track # **

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



2017 OFFICIAL MEMBERSHIP APPLICATION

PAYMENT OPTIONS

Check - Please fill out **BANK ACCOUNT PAYMENT** section below

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

Ban	NK ACCOUNT PAYMENT	rs		
I, the undersigned participant in a pre-arranged payment pla (AASP-PA) (hereinafter called AASP-PA) to initiate debit entr	n, hereby authorize Allianc	e of Autom		iders of Pennsylvania
Monthly (by the 10th of each month) Quarterly (by the	he 10th of April, July, October a	nd January)	Annually (by	January 10th of the new year)
at the bank or other financial institution named below (here amount to AASP-PA .	inafter called BANK), and to	debit the sa	ame amount to su	ch account and sent this
Any charges AASP-PA receives from the BANK because of insto me.	sufficient funds in the accou	ınt at the tin	ne it was to be ded	ducted will be charged back
	NK ACCOUNT INFORMATION ttach copy of voided check)			
Bank Name:	Bank Account #	ŧ		
Bank 9-digit ABA Transit Routing #	Checking	OR	Savings	
NAME ADDRESS CITY, STATE ZIP		0123 01-2345/6789		
PROVITOTINE.	DATE			
Sample Check - Plea	ese attach your ,	voided	check her	e
ADDRESS CITY, STATE ZIP				
15012345678# O12	3456789D123# 0123			
Routing Number Ac	count Number			
I, the undersigned participant in a pre-arranged payment pla PA) (herein called AASP-PA), to initiate credit card payments in Monthly (by the 10th of each	in the amount of \$	e of Automo to	my account:	lers of Pennsylvania (AASP-
from the credit card information supplied below.	REDIT CARD INFORMATION			
Credit Card: Visa MasterCard Disco				
Card Number	Ex	p. Date	Security	Code
Name on Card				
Billing Address			State	
Street Address	City		State	Σιρ
PARTICIPA	ANT/MEMBER INFORM	NATION		
Name:		_	Member ID:	
I agree that these payments are subject to automatic renewal wish to cancel my membership, I understand that a letter in manner as to afford AASP-PA and the BANK/CREDIT CARD CO	ndicating my request for can	cellation mi	ust be received by	
Signature			Date	