

CHAPTER # \_\_\_\_\_

COUNTY \_\_\_\_\_



## 2019 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)

**PLEASE LIST THE TYPE OF SERVICE OR PRODUCT YOU DISTRIBUTE TO THE AUTOMOTIVE REPAIR INDUSTRY**

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**DUES**

SIGN DELIVERED

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

County Location: \_\_\_\_\_

Please contact your regional field director for DUES information and amounts.

State \_\_\_\_\_ + \$414.00

**Total Due \$ 414.00**

Check or Cash

FOR OFFICE USE ONLY		
CHECK NUMBER _____	CHECK DATE _____	CHECK AMOUNT _____

Credit Card:

Visa

MasterCard

Discover Card

Last Three Digits \_\_\_\_ \_  
(on back of card)

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Just like good tools and equipment, membership in the Alliance of Automotive Service Providers of PA can be a valuable investment. AASP-PA works for you full-time through such outstanding programs as (1) health insurance (2) lobbying (3) annual savings on workers' compensation and (4) technical training, plus many other direct benefits. How can you put AASP-PA to work for you? Simple, **COMPLETE THE MEMBERSHIP APPLICATION, DETACH AND RETURN WITH YOUR CHECK PAYABLE TO AASP-PA.**



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