

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

County \_\_\_\_\_



# 2019 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.

## 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 Enrolled by: \_\_\_\_\_

## DUES

Annual Dues: \$445 Payment Method: Check (made payable to AASP-PA) Credit Card (Fill out section below)  
One-Time Enrollment Fee (waived if paid in full at time of enrollment): \$50

## 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 (by the 10th of each month) Yearly (by January 10th of the new year)  
from the credit card information supplied below.

## CREDIT CARD INFORMATION

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

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

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

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

*I agree that these payments 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 CREDIT CARD COMPANY a reasonable opportunity to act on it.*

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 \_\_\_\_\_

