

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 _____



OFFICIAL MEMBERSHIP APPLICATION

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 _____