

Chapter # _____

County _____



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 each 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 _____

**** For Office Use Only: Track # _____ ****

P.O. Box 475, Shermans Dale, PA 17090 * Phone (717) 564-8400 * ahenry@aasp-pa.org