



Automotive Service of Illinois
10s187 Schoger Dr #51
Naperville, IL 60564
1-877-ASA-4445
630-236-6940 (fax)

Dear Automotive Service Supporter,

On behalf of the Automotive Service Association of Illinois we would like to invite you to become an Associate Member of our organization. With the help of Associate Members we are able to promote professional service and education training in the automotive service industry.

As an Associate Member you will be eligible to benefit from the following...

- Listing in Monthly Newsletter
- Opportunity to advertise in Monthly Newsletter @ discounted rates
- Listing on the ASA-ILMD web site www.asaillinois.org
- Opportunity to have a link from asaillinois.org to your own website
- Discount on booth for **CAN Conference Trade Show** and Education Day
- Discounts on all social functions and events
- Regular member discounts are extended to all Associate Members
- Opportunities to be a presenter at Chapter Meetings
- Updates on important industry information and events
- You will be supporting your customers to help them grow their businesses
- Opportunity to increase your sales
- Networking with industry professionals and partners
- Associate Membership Certificate and ASA window decal
- **Annual dues \$275.00; if paid by January 10, 2011 dues cost is \$250.00**

Associate Member Responsibilities

- Accept the ASA National code of ethics and be an active participant in ASA-ILMD
- If part of a dispute with a regular member accept arbitration by two regular members and one associate member
- Dues payable annually
- Participate in our Member Rewards Coupon Program

Join now and participate in the many events planned for 2011 !!!

Thank you for your membership,

Sharon Ozimek & Deb Bullwinkel
Co-Executive Directors



Automotive Service Association of Illinois 2011 Associate Member Application

Annual Dues \$275.00 (\$250.00 if paid by January 10)

Please complete this application and mail your check or fax with credit card information to:

ASA-IL
10s187 Schoger Dr. #51
Naperville, IL 60564

Phone: 877-272-4445
Fax: 630-236-6940

PERSONAL INFORMATION

Name _____ Title _____

Company Name _____

Address _____

City _____ Zip _____

Phone Business _____ Fax _____

E-Mail _____ Web Site _____

Partnership Corporation Sole Proprietorship

Number of Employees _____

Market Area _____

Discount/coupon for Member Rewards Program _____

Please complete enclosed Member Rewards Coupon

Description of Business Activities/Specialty _____

PAYMENT INFORMATION **\$275**

Check payable to ASA-ILMD enclosed

Charge my Master Card VISA AmEx Discover

Account number _____ Exp _____ 3 Digit Code _____

Name as it appears on card _____

Billing address on credit card same as above yes no

Billing Address _____ Zip Code _____

Signature (required) _____ Date _____

(A non-profit organization under the U.S. IRS Code 501C-6)