



Membership Application

Regular Membership

BUSINESS INFORMATION

Mr. Mrs. Ms. ***** PLEASE PRINT LEGIBLY *****

Business Name _____

Contact Name _____

Business Street Address _____

Street City State Zip

County _____ Country _____

Mailing Address _____

(If different from street address) Street/Box City State Zip

County _____ Country _____

Business Phone (_____) _____ Business Fax (_____) _____

Email Address _____ Website Address _____

(ASA uses email addresses for login accessibility to the ASA Marketplace – the association’s online benefits portfolio.)

Does ASA have permission to email you ASA information? Yes No

Year business was established _____ How did you hear about us? _____

Type of Business: (check one) Collision Repair Mechanical Repair (includes transmission) Other _____

Dues: (Dues amount depends on the business location. To verify dues amount, call ASA at **(817) 514-2900, ext. 132**. ASA offers convenient dues installment plans through an automatic credit card deduction. Contact us for more details.)

Annual

One-time Processing Fee \$ ~~50~~ waived

Annual Membership Dues \$ 529

Total Due \$ 529

All members receive an ASA window decal. Would you also like a 19” X 25” aluminum ASA sign? Yes No *(Please allow 1-2 weeks for delivery.)*

As a member of the Automotive Service Association® (ASA), I will adhere to the ASA Code of Ethics and abide by the association’s bylaws. As stated in the ASA bylaws, regular members shall be automotive service businesses that provide automotive repairs/services to the motoring public, and/or businesses that provide repairs/services to exclusive vehicle fleets. I understand that membership in ASA is non-refundable. I also understand that ASA membership dues are deductible as a business expense for federal income tax purposes but are not deductible as a charitable contribution. I further understand that the name Automotive Service Association, the ASA sign and the ASA logo are registered trademarks, are the property of ASA, and should be used in accordance with the logo guidelines.

By signing, you agree to adhere to the ASA Code of Ethics, as well as the sign and logo policy.

Signature _____ Date: ____/____/____

A portion of your total dues amount allocated to lobbying expenses is 10 percent. This may not be tax deductible, please consult your tax advisor. Per IRS regulations, your dues are not deductible as a charitable deduction. However, dues may be deductible as a business expense. The annual \$35 AutoInc. subscription is included in your dues.

Return the completed form to ASA Illinois | 209 Le Moyne Parkway, Oak Park, IL 60302 | 708.848.4220 | www.ASAIllinois.org

FAX to ASA Illinois at: 708.848.4229 | email to: Donna@ASAIllinois.org

FOR OFFICE USE ONLY: Effective Date: ____/____/____ Member Number: _____

Payment Information:

Cash Credit Card Check Number _____ Dated: ____/____/____ Amount Received/Processed: \$ _____

Credit Card: American Express Discover MasterCard Visa Expiration Date: ____/____/____

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CID				
CODE				

Automotive Service Association®
You keep them going. We keep you going.

8209 Mid Cities Blvd. • North Richland Hills, Texas 76182 • (817) 514-2900 • www.ASAshop.org www.TakingTheHill.com • www.AutoInc.org