



OFFICIAL MEMBERSHIP APPLICATION

As a member of the Automotive Service Association® (ASA) I will 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 who provide repairs/services to exclusive vehicle fleets. I understand that membership in ASA is non-transferable and 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 and the ASA logo are registered trademarks and the property of ASA and should be used in accordance with the logo guidelines. **Please type or print legibly.**

Check here if you need more information before joining. Then, fax this page to (817) 283-9580.

BUSINESS INFORMATION: Mr. Mrs. Ms.

Business Representative Name _____

Business Name _____

Street Address _____

Street City State Zip

Mailing Address _____

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

Phone Number (_____) _____ Fax Number (_____) _____

E-mail Address _____ Number of Employees _____

Web Site Address _____

Enrolled By (Name and Address) Web (www.asaillinois.org)

PRIMARY DIVISION (check one)

- Collision Mechanical/Transmission

SECONDARY DIVISION (check one)

- Collision Mechanical/Transmission

IS YOUR BUSINESS A (check one)

- Partnership Corporation Single Proprietorship

ANNUAL GROSS SALES (check one)

- Under \$100,000 \$250,000 - \$500,000 \$750,000 - \$1,000,000
- \$100,000 - \$250,000 \$500,000 - \$750,000 More Than \$1,000,000

Date you started in business _____

PERSONAL INFORMATION:

Name _____ Nickname _____

Home Address _____

Street City State Zip

Home Phone Number (_____) _____ Birth Date _____

DUES

National \$ 210
ASA-ILMD \$ 165

- Check or Cash**
- Credit Card:** American Express Discover
- MasterCard Visa

Total Due \$ 375

Card Number _____ Expiration Date _____

Signature _____ Date _____

Just like good tools and equipment, ASA membership can be a valuable investment.

How can you put ASA to work for you? Simple.

COMPLETE THE MEMBERSHIP APPLICATION AND RETURN IT WITH APPLICABLE FEES TO ASA.

Automotive Service Association®

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E-mail: asainfo@asashop.org • Internet: <http://www.asashop.org>

ASAMD 11/07

FOR OFFICE USE ONLY: Check Number _____ Check Date _____ Check Amount _____