



Continuous Membership

Please complete the form below.

By signature below, I authorize The Automotive Service Association (ASA) to charge my credit card as listed below for my annual membership dues using the method checked below and understand that this term is legally binding as described*. I further understand that this authorization will remain active until ASA has received my termination notification by mail, phone or fax (which becomes effective at the next renewal term). Please notify ASA if alternative payment arrangements need to be made due to credit card or banking changes.

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

Business Name _____

Contact Name _____

Business Street Address _____
Street City State Zip

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

Business Phone (_____) Business Fax (_____)

Email Address _____ Website Address _____
(ASA uses email addresses for login accessibility to the ASA Savings4Members online benefits portfolio.)

Year business was established _____ Does ASA have permission to email you ASA information? Yes No

Type of Business: (circle one) Mechanical Repair Collision Repair Educator Other _____

All members receive an ASA window decal. Would you also like a 19" x 25" aluminum ASA sign? Circle: Yes (Please allow 1-2 weeks for delivery.)

I understand my credit card will be charged on the closest business day to the 1st of each billing period. Please charge my account: (mark choice)

_____ \$569 Annually

_____ \$149 Quarterly (Will be automatically charged to your credit card every three months)

By signing, I agree to adhere to the ASA Code of Ethics, as well as the sign and logo policy. If I have chosen to pay in installments, I understand that I am committing to a one-year membership to be paid in installments to pay the annual amount of ASA membership dues.

Signature _____ Date: ____/____/____

*I 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. The quarterly option includes a payment of four equal installments in 3 month intervals. The once yearly option is one payment per year. Your credit card statement is your receipt for all transactions. Please retain a copy of this form for your records. If you should have questions relating to a charge, please call ASA Illinois at 708.848.4220.



Per IRS regulations, your dues are not deductible as a charitable deduction. However, dues may be deductible as a business expense. \$324 of your annual dues goes to ASA National for national member benefits, lobbying and communication.

Return your completed form to ASA Illinois | 209 Le Moyne Parkway, Oak Park, IL 60302 | 708.848.4220 | www.ASAillinois.org | You can also FAX to ASA Illinois at: 708.406.1777 or Email to: Donna@ASAillinois.org

FOR OFFICE USE ONLY: Effective Date: ____/____/____

Member Number: _____

Payment Information:

Credit Card: American Express Discover MasterCard Visa

Expiration Date: ____/____/____

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