



Membership Application

Regular Membership

BUSINESS INFORMATION

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

Business Name _____

Contact Name _____

Business Street Address _____

Street City State Zip

Website Address _____ County _____

Mailing Address _____

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

Business Phone (_____) Business Fax (_____) _____

Email Address _____ (This will be your login user ID for the ASA Marketplace 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) Mechanical Repair Collision Repair Educator

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

Dues: ASA offers convenient dues installment plans through an automatic credit card deduction with a Continuous Membership Form. Contact us for more details.

Annual

One-time Processing Fee --- The processing fee is always waived for ASA Illinois members!

Annual Membership Dues \$ 529 (Includes ASA National dues of \$295)

Total Due \$ 529

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: ____/____/____



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:

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

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

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