AUTOMOTIVE SERVICE ASSOCIATION OF PA

148 E. Street Rd, No. 262, Feasterville, PA 19053
Phone or Text: (267)485-1ASA Email: info@asashop-pa.org

MEMBERSHIP APPLICATION

I, the undersigned, hereby apply to be a member of the Automotive Service Association of PA. As a member of the Automotive Service Association of PA, ASA-PA, I will abide by the association's bylaws and the ASA Code of Ethics. I understand that membership in ASA-PA is non-transferable, and I must remain current with my dues to be a member in good standing. I understand that signs, decals and emblems remain the property of the Automotive Service Association and are only leased to members. I understand that if I discontinue my membership that I must immediately cease using any association promotions, logos or materials. I also understand ASA-PA membership dues are deductible as a business expense for federal income tax purposes but are not deductible as a charitable contribution.

BUSINESS INFORMATION

Business Name: _____

Corporate Name (if different than above) _____

Contact Person:_____ Owner (if different):_____

(Name, Title)

Business Adddress: _____

Street City State Zip County

Mailing Address (if different): _____

Street City State Zip County

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

❑ Please check here if you do NOT want ASA to use this fax number

Cell Phone: (_____) _____ Email Address: _____

Website Address: _____

Type of Facility: ___ Collision ___ Mechanical ___ Transmission ___ Associate ___ Vendor ___ School

State Inspection Number: ____ ____ ____ ____ ____ ____ Date you started in business: _____/_____/_____

Number of Employees: Full Time _____ Part Time _____ Number of Work Stalls: _____

How did you hear about ASA? _____

Annual Gross Sales (please check one): ❑ Less than $100,000 ❑ $100,000 to $250,000 ❑ $250,001 to $500,000 ❑ $500,001 to $750,000 ❑ $750,001 to $1,000,000 ❑ $1,000,001 to $1,250,000 ❑ More than $1,250,000

Method you would like information and updates sent? ❑ Email ❑ Fax ❑ US Mail

OFFICE USE: WORK - SENATE DISTRICT No. _____ WORK - REPESENTATIVE DISTRICT No. _____

Please make checks payable to: **Automotive Service Association**

(Member Dues are an annual commitment. Please mark below how you would like to pay.)

❑ **QUARTERLY**
(4 times per year)
$98.75

❑ **ANNUALLY**
(One Time)
$395

By signature below, I _____ (PLEASE PRINT) hereby authorize ASA to charge my credit card as listed below for my annual membership dues using the method checked above and understand that this term is legally binding as described. I further understand that this authorization will remain active until ASA has received my written termination notification by mail or fax (which becomes effective at the next renewal term). I agree to notify ASA if alternative payment arrangements need to be made prior to terminating this agreement.

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.

FOR OFFICE USE ONLY. Effective Date: _____/_____/_____ **Member Number:** _____

Payment Information:

❑ Credit Card ❑ Check Number _____ Dated: _____/_____/_____ Amount Received/Processed: $ _____

Credit Card: ❑ American Express ❑ Discover ❑ MasterCard ❑ Visa

Expiration Date: _____/_____/_____ **CID CODE**

Please fax form to (817) 581-3572 or mail to Automotive Service Association, 8209 Mid Cities Blvd, North Richland Hills, TX 76182-4712