



AUTOMOTIVE SERVICE ASSOCIATION OF PA

346 W. Walnut St. • North Wales, PA 19454
PHONE: (855) 221-0122, FAX: (215) 361-8998, 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 Address: _____
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: (____) _____ E-mail 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 - REPRESENTATIVE DISTRICT No. _____

Please make checks payable to: **ASA**

(Member Dues are an annual commitment but we have made available quarterly and semi-annual payment plans for your convenience.)

QUARTERLY
(4 times per year)
\$98.75

SEMI-ANNUALLY
(Twice a year)
\$197.50

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.

Credit Card: American Express Discover MasterCard Visa

CID				
CODE				

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: ____/____/____

Signature _____ Date: ____/____/____

FOR OFFICE USE ONLY

REGION: _____ EFFECTIVE DATE: ____/____/____ MEMBER NUMBER: _____

PAYMENT INFORMATION:

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