



ASA-CONNECTICUT

P.O. Box 1042, Rocky Hill, CT 06067

Phone: (860) 778-6967, Fax: (860) 760-6343, Email: Isiembab@asashopct.org

asashopct.org

AFFILIATE/CORPORATE MEMBERSHIP APPLICATION

I, the undersigned, hereby apply to be a member of the Automotive Service Association of Connecticut. As a member of the Automotive Service Association of Connecticut, I will abide by the association's bylaws and the ASA Code of Ethics. I understand that membership in ASA-Connecticut 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-Connecticut 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: (_____) _____ Email Address: _____

Website Address: _____

Type of Facility: Collision Mechanical

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

Please make checks payable to: **ASA**

Dues:

- Affiliate \$ 750
- Corporate \$ 2,500

**Sign Election: All members receive an ASA window decal.
 Would you also like a 19" x 25" aluminum ASA sign?**

- Yes No
- (Please allow 1-2 weeks for delivery.)

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

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CID CODE

Expiration Date: ____/____/____

Signature _____ Date: ____/____/____

Please fax form to (860) 760-6343 or mail to Automotive Service Association of Connecticut, P.O. Box 1042, Rocky Hill, CT 06067