

2009 MEMBERSHIP APPLICATION



As a member of the Alliance of Automotive Service Providers (AASP) of Massachusetts/Rhode Island, I will abide by the association's bylaws and code of ethics. I understand that membership in AASP of Massachusetts/Rhode Island is non-transferable, and I must remain current with my dues in order to be a member in good standing. I understand that if I discontinue my membership that I must immediately cease using any association promotions, logos or materials. Additionally, I understand that as part of my AASP of Massachusetts/Rhode Island membership, I will receive *New England Automotive Report*, the official publication of AASP of Massachusetts/Rhode Island and other mailings.

*** PLEASE TYPE OR PRINT LEGIBLY ***

BUSINESS INFORMATION:

Mr. Mrs. Ms.

Business Representative Name: _____

Business Name _____

Street Address _____

Mailing Address _____

Phone Number () _____

E-mail Address _____

Enrolled By (Name and Address) _____

PERSONAL INFORMATION:

Name _____

Nickname _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Fax Number () _____

Web Site Address _____

PRIMARY DIVISION (check one)

Collision Mechanical/Transmission

SECONDARY DIVISION (check one)

Collision Mechanical/Transmission

LIST OTHER SPECIALTIES _____

What benefits motivated you to join AASP of Massachusetts/Rhode Island?

2009 MEMBERSHIP DUES

Annually

Total Due \$295.00

Check or Cash

Credit Card: Visa MasterCard

Card Number _____

Expiration Date _____

Signature _____

Date _____

Just like good tools and equipment, membership in AASP of Massachusetts/Rhode Island is a valuable investment. AASP of Massachusetts/Rhode Island works for you through such outstanding programs as: (1) management and technical training; (2) low-cost credit card processing; (3) discount uniform rental; (4) a wide variety of other business services. Put AASP of Massachusetts/Rhode Island to work for you today. COMPLETE THE MEMBERSHIP APPLICATION AND RETURN IT WITH PAYMENT TO AASP OF MASSACHUSETTS/RHODE ISLAND.

FOR OFFICE USE ONLY

Check Number _____ Check Date _____ Check Amount _____

Date Joined _____ Member Number _____ Next Bill Date _____

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