

Associate Membership Application

Automotive Service Association - Florida



APPLICATION

Company Name _____

Company Address _____

City, State, Zip _____

Phone () _____ Fax () _____

Web Site Address _____ E-Mail Address _____

Primary Contact _____ Title _____

Primary Mailing Address _____

City, State, Zip _____

Contact Cellphone _____ E-Mail Address _____

Nature of Business: Educator Manufacturer Supplier-Parts Supplier-Equipment Other _____

Division: Mechanical Collision Mechanical & Collision _____

MEMBERSHIP TYPE: Associate—vendor serving no more than 3 counties in FL (\$250/year) Corporate (\$500/year)

Member Benefits: (need to distinguish differences between associate and corporate)

Your discount to ASA-Florida members may be featured in our monthly member benefit in our newsletter and on Facebook ► Listed on our annual member benefit guide ► Receive our ASA-Florida member list ► Opportunity to submit training for consideration at chapter meetings ► Opportunity to donate raffle prizes to chapter and affiliate events ► Advertising opportunities available on our website, eNewsletter and LMS ► Authorized use of the ASA-Florida Associate Member logo list ► Opportunity to build relationships with individual members, as well as, the entire community, which in time may result in a loyal customer base. Listed in the Associate Member Directory on the ASA-Florida website list ► Your new membership will be announced in the ASA-Florida eNewsletter list ► You and your sales team are invited to all Chapter programs and special events ► Premier sponsorship opportunities at association events list ► Associate Member Spotlight on our Facebook page

ASA-Florida Member Benefit Special
(Please indicate any benefit or offer to ASA-Florida Members)

Brief description on your product/service
(To be included on the associate member directory)

Credit Card # _____

Exp Date _____ CVC _____

Billing City, State, Zip _____

If paying your dues in full by check, please mail application & check payable to ASA-Florida to the address below

I, the undersigned, as a member of the Automotive Service Association Florida will abide by the Association's bylaws. Membership in the association is non-refundable and non-transferable. I also understand that membership dues may be deductible as a business expense for Federal income tax purposes but are not deductible as a charitable contribution. I also understand that the ASA logo is a registered trademark and the property of ASA and should be used in accordance with the ASA Sign and Logo Policy.

Signature _____ Date _____

Automotive Service Association—Florida

For more info about ASA Florida, call (772) 444-2272
 Mail to: ASA Florida, 332 E Tressler Dr, Stuart, FL 34994
 Fax: 816.817.2260
www.asaflorida.org sheri@asaflorida.org

FOR OFFICE USE ONLY

Join Date _____

Billing Start Date _____

Next Bill Date _____

Enrolled By _____