



Shop Member Application

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (_____) _____ Fax (_____) _____

Web Site Address _____ E-Mail Address _____

Do you have multiple Shop locations? Yes No If yes, how many? _____ Contact Cellphone _____

Do we have permission to fax you info? Yes No Text you info? Yes No Email you info? Yes No

Home Address: _____ City: _____ State: _____ Zip: _____

Contact's Date of Birth: _____ Spouse Name: _____ Does spouse work for business? Yes No

Spouse Email (if they work for business) _____ Owner's name (if not the contact listed) _____

Division: Mechanical/Transmission Tires Collision Date You Started in Business: _____ Number of Employees: _____

Annual Gross Sales: Under \$100,000 \$250,000 - \$500,000 \$750,000 - \$1,000,000 Do you have a valid business license? Yes No

\$100,000 - \$250,000 \$500,000 - \$750,000 More than \$1,000,000 Do you have liability insurance? Yes No

Do you have a commercial location? Yes No

Do you have a sales tax license? Yes No

How did you hear about FLACA? Previous member of ASA FL Email Social Media Vendor Shop Owner

Referred by: _____

Annual Dues FOUNDED MEMBER SPECIAL -- only \$200 for your first year if you join by March 31, 2022

If paying dues annually, you can pay by check or credit card. Checks can be made payable to TXACA and mailed with application to the address below. All quarterly payments must be made with credit card on autopay.

Payment type: Annual w/Credit Card Annual w/Check

Credit Card Number: _____

Expiration Date: _____ / _____ CID Code: _____

Name as it appears on credit card (please print): _____

Credit card billing address, including city, state and zip (if different than shop): _____

Please keep this credit card on file and use for membership billing as well as other requested charges.

By signature below, I am applying for membership in the Florida Auto Care Alliance. If accepted, I agree to abide by their Code of Ethics. I authorize FLACA to charge my card as listed above for my annual membership dues. I understand that my membership will remain active until FLACA has received written termination notification by mail or fax and such notice will become effective at the next renewal term. I agree to notify FLACA if alternative payment arrangements need to be made prior to terminating this agreement. I understand that membership dues may be deductible as a business expense for Federal income tax purposes and are not eligible as a charitable contribution. I understand that the FLACA logo is a registered trademark and the property of ACA and must be used in accordance with the ACA signage and logo policy. Should I discontinue my FLACA membership, I agree to immediately cease use of the logo and remove any signage, either physical or digital, indicating that I am a member.

Signature: _____ Date: _____

Florida Auto Care Alliance

332 SE Tressler Drive, Stuart, FL 34994

772.444.2272 816.817.2260 (fax)

info@floridaautocare.org www.floridaautocare.org

FOR OFFICE USE ONLY

Join Date: _____

Billing Start Date: _____

Next Bill Date: _____

Enrolled By: _____