



Texas AUTO CARE ALLIANCE

Associate Membership Application

Company Name: _____

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: Training Manufacturer Supplier-Parts Supplier-Equipment Other _____

Division: _____

Mechanical

Collision

Mechanical & Collision

Brief description on your product/service

(To be included on the allied 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 TXACA for the amount of \$350.00 to the address below

I, the undersigned, as a member of the Texas Auto Care Alliance will abide by the Association's bylaws, membership in the association is non-refundable and non-transferable. I also understand that the membership dues may be deductible as a business expense for Federal income tax purpose,s but are not deductible as a charitable contribution. I also understand that the TXACA logo is a registered trademark and the property of ACA and should be used in accordance with the ACA Sign and Logo policy.

Signature: _____ Date: _____

Texas Auto Care Alliance

5330 E 5th St, Katy, TX 77493

940.647.4862 816.817.2260 (fax)

info@texasaca.org www.texasaca.org

FOR OFFICE USE ONLY

Join Date: _____

Billing Start Date: _____

Next Bill Date: _____

Enrolled By: _____