



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: