



ASA Florida Membership

BUSINESS INFORMATION

(For your company's public ASA Member Directory Listing)

Business Name _____

Address _____
Address City State Zip

County _____ Country _____

Phone (_____) _____ Website _____

FOR INTERNAL USE ONLY (Will not be distributed or published)

Primary Contact _____

Phone (_____) _____ Fax (_____) _____

Email _____

Billing Contact _____

(If different from business address) Name Phone Email

Address _____

(If different from business address) Address City State Zip

Have you been a member before? Yes No

How did you hear about us? _____

Did someone recommend you for membership? YES NO

If so, who? _____

Type of Business (check one): Collision Mechanical other _____

Year business was established? _____

of Employees: _____ # of Bays: _____

Total Annual Gross Revenue: _____

Do you have more than one location? YES NO If yes, other locations: _____

(continued on back page)

ASA FLORIDA APPLICATION

