



Shop Member Application

For more info about ASA Florida, call (772) 444-2272

www.asaflorida.org

BUSINESS INFORMATION

Mr. Mrs. Ms.

*** PLEASE PRINT LEGIBLY ***

Contact Name _____

Business Name _____

Business Street Address _____
Street City State Zip

Mailing Address _____
(If different from street address) Street/Box City State Zip

Business Phone (_____) _____ Business Fax (_____) _____

Email Address _____ Website Address _____

(ASA uses email addresses for login accessibility to the ASA Marketplace – the association’s online benefits portfolio.)

Does ASA have permission to email you ASA information? Yes No

Year business was established _____ How did you hear about us? _____

Type of Business: (check one) Collision Repair Mechanical Repair (includes transmission) Other _____

ASA Signage preference Static Cling sign 19" X 25" aluminum ASA sign (Allow 1-2 weeks for delivery.)

Dues:

Annual

One-time Processing Fee ~~\$ 50~~ **waived for a limited time!**

Annual Membership Dues \$ 495

Please indicate the chapter you would like to participate in. ASA Florida currently has the following chapters.

- Space Coast
- Tallahassee
- Gainesville/Ocala
- Treasure Coast
- Miami-Dade
- Other: _____

More chapters coming soon!

As a member of the Automotive Service Association® (ASA), I will adhere to the ASA Code of Ethics and abide by the association’s bylaws. As stated in the ASA bylaws, regular members shall be automotive service businesses that provide automotive repairs/services to the motoring public, and/or businesses that provide repairs/services to exclusive vehicle fleets. I understand that membership in ASA is non-refundable. I also understand that ASA membership dues are deductible as a business expense for federal income tax purposes but are not deductible as a charitable contribution. I further understand that the name Automotive Service Association, the ASA sign and the ASA logo are registered trademarks, are the property of ASA, and should be used in accordance with the logo guidelines.

By signing, you agree to payment of membership dues, adhere to the ASA Code of Ethics, as well as the sign and logo policy. I agree that my membership will remain active until ASA has received my written termination notification by mail or fax. I agree to notify ASA if alternative payment arrangements need to be made prior to terminating this agreement.

Signature _____ Date: ____/____/____

A portion of your total dues amount allocated to lobbying expenses is 10 percent. This may not be tax deductible, please consult your tax advisor. Per IRS regulations, your dues are not deductible as a charitable deduction. However, dues may be deductible as a business expense. The annual \$35 AutoInc. subscription is included in your dues.

Return the completed form to the address below.

FOR OFFICE USE ONLY: Effective Date: ____/____/____ **Member Number:** _____

Payment Information:

Cash Credit Card Check Number _____ Dated: ____/____/____ Amount Received/Processed: \$ _____

Credit Card: American Express Discover MasterCard Visa Expiration Date: ____/____/____

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CID CODE				
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Automotive Service Association®

You keep them going. We keep you going.

Mail to : ASA Florida, 332 SE Tressler Drive, Stuart, FL 34994

Fax to: (816) 817-2260 www.asaflorida.org • www.ASAshop.org

Email to:

