



Associate Membership Application for Automotive Service Association - Colorado

The Automotive Service Association of Colorado advances professionalism and excellence among our Members through local education, networking, training & national representation.

APPLICATION

Company Name _____

Company Address _____

City, State, Zip _____

Phone () _____ Fax () _____

Web Site Address _____ E-Mail Address _____

Primary Contact _____ Title _____

Primary Mailing Address _____

City, State, Zip _____

Contact Cell Phone _____ E-Mail Address _____

Nature of Business: Educator Manufacturer Supplier-Parts Supplier-Equipment Other _____

Division: Mechanical Collision Mechanical & Collision _____

Member Benefits:

Your discount to ASA-Colorado members may be featured in our monthly member benefit in our newsletter and on Facebook • Listed on our annual member benefit guide Receive our ASA-Colorado member list • Opportunity to submit training for consideration at ASA - Colorado events • Authorized use of the ASA-Colorado Member logo • Opportunity to build relationships with individual members, as well as, the entire community, which in time may result in a loyal customer base. Listed in the Associate Member Directory on the ASA-Colorado website Your new membership will be announced in the ASA-Colorado eNewsletter, • You and your sales team are invited to all ASA - Colorado meetings and special events at reduced member prices • Premier sponsorship opportunities at affiliate and chapter events • Special booth signage, preferred listings

ASA-Colorado Member Benefit Special
(Please indicate any benefit or offer to ASA-Colorado Members)

Credit Card #

Brief description on your product/service
(To be included on the allied member directory)

Exp Date _____

CVC _____

Billing City, State, Zip _____

If paying your dues in full by check, please mail application & check payable to ASA-Colorado for the amount of \$1000.00 to the address below

I, the undersigned, as a member of the Automotive Service Association Colorado, will abide by the Association's bylaws. Membership in the association is non-refundable and non-transferable. I also understand that membership dues may be deductible as a business expense for Federal income tax purposes but are not deductible as a charitable contribution. I also understand that the ASA logo is a registered trademark and the property of ASA and should be used in accordance with the ASA Sign and Logo Policy.

Signature _____

Date _____

Automotive Service Association of Colorado
P.O. Box 145, Englewood, CO 80151
phone 303.202.5321
www.asacolorado.org connect@asacolorado.org

FOR OFFICE USE ONLY

Join Date _____

Billing Start Date _____

Next Bill Date _____

Enrolled By _____



ASA-Colorado Continuous Membership

You can now pay your ASA membership dues by credit card by completing the form below and returning it to ASA.

By signature below, I _____ (please print) hereby authorize the Automotive Service Association of Colorado to charge my credit card as listed below for my annual membership dues using the method checked below and understand that this term is legally binding as described**. I further understand that this authorization will remain active until ASA Colorado has received my written termination notification by mail or fax (which becomes effective at the next renewal term). I agree to notify ASA Colorado if alternative payment arrangements need to be made prior to terminating this agreement.

ASA six-digit member number (if known)

Company Name

Street Address

City

State

Zip

Phone Number

Fax Number

Email

Card Type: Discover MasterCard Visa (American Express not accepted)
Credit Card Number: _____

Expiration Date ____/____ **CID Code*** _____

**The CID code is required information. The code is on the signature strip for Discover, MasterCard and Visa.*

Name as it appears on credit card (please print)

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

Please charge my account (**check only one choice below**). I understand my credit card will be charged on the closest business date to the 1st of each billing period.

I understand that I am committing to a one-year membership to be paid in installments chosen below. But I am agreeing to pay the annual amount of ASA membership dues.

\$277.50 Semi-annually (twice yearly) \$555 Annually (once yearly)

\$138.75 Quarterly (4 times yearly) _____

Please note the charge will appear on your credit card statement as: ASA Colorado

Signature _____ (Required) Date _____

**I understand that membership in ASA is non-refundable. This offer is open to US residents only with one active payment plan per member. I also understand that ASA membership dues may be 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.

The quarterly option includes a payment of four equal installments in 3 month intervals. The semi-annual option includes a payment of two equal installments in 6 month intervals. The once yearly option is one payment per year.

Your credit card statement is your receipt for all transactions. If you should have questions relating to a charge, please call ASA-Colorado at the number below.

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