



OFFICIAL MEMBERSHIP APPLICATION

As a member of the Alliance of Automotive Service Providers of Missouri (AASP-MO), I will abide by the association's bylaws. I understand that membership in AASP-MO is non-transferable, and I will be required to pay dues. I also understand that AASP-MO membership dues are deductible as a business expense for Federal Income tax purposes but are not deductible as a charitable contribution. Additionally, I understand that as a part of my AASP-MO membership, I will receive the "Automotivation" newsletter, the official publication of AASP-MO. All signage, emblems and logos remain the property of AASP-Missouri
 (Please Type or Print) RGR0118

Business Information: Mr. Mrs. Ms.

Business Representative Name: _____

Business Name: _____

Street Address: _____ City _____ State _____ Zip _____

Mailing Address (If different from above): _____

Phone Number: _____ / _____ Fax Number: _____ / _____

E-mail Address: _____

Website: www. _____

Enrolled By: _____

Collision Mechanical/Transmission Other _____

Is Your Business A: Partnership Corporation Single Proprietorship

Date You Started Business: _____ Number of Employees: _____ Number of Bays _____

Annual Dues:	1-3 Employees	\$350.00 State/Chapter/National
	4-10 Employees	\$450.00 State/Chapter/National
Membership is November through November	11 plus Employees	\$650.00 State/Chapter/National
	Additional Locations	\$350.00 State/Chapter/National
	4 or more locations	\$1350.00 State/Chapter/National
	Enrollment Fee	\$ <u>50.00</u> (One Time Fee)
	Total Due:	_____

Check # _____ *Please make check payable to AASP- Missouri.*

Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____