

ASSOCIATE MEMBERSHIP APPLICATION



An Associate Membership in the Alliance of Automotive Service Providers of Minnesota (AASP-MN) can be a valuable investment tool. Unlike any other tool, it does not lie idle until needed. Associate members receive a 10% discount on advertising in **AASP News** and recognition in our semi-annual Associate Member Directory listing.

Put our Alliance to work for you and your company. Complete this membership application and mail it to AASP-MN with your membership fee today.

AASP OF MINNESOTA ASSOCIATE MEMBERSHIP APPLICATION

I/We certify that we are a supplier of goods and/or services to members of the AASP-MN. We agree to abide by the Association's Constitution and Bylaws and pay the \$350 membership fee. It is understood that (1) the application is subject to acceptance by AASP-MN; and (2) this membership is NOT transferable.

Company Name _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone Number () _____ Fax () _____

E-Mail _____ Website _____

Company Representative _____ Title _____

Types of products/services you provide _____

Payment Options:

_____ Check enclosed, payable to AASP-MN

_____ Credit card (indicate card type) Visa MasterCard Discover American Express

Credit card #: _____ CSC: _____

Expiration date: _____ Billing address: _____

I hereby consent to allow AASP-MN to receive details on my participation in association-recommended benefit programs including, but not limited to, account information and pricing, insurance premium, dividend and claims information.

I further agree that by providing my mailing and email addresses, telephone and fax numbers, I consent to receive communications sent by or on behalf of AASP-MN via regular mail, email, telephone or fax.

I understand that the AASP-MN sign and logo policy authorizes businesses that are members in good standing to use the AASP-MN logo. Should my membership in AASP-MN expire, I agree, at that time, to discontinue all uses of the association's logo and signs.

Name (print) _____

Signature _____ Date _____

RETURN TO: AASP of Minnesota, 1970 Oakcrest Ave., Suite 102, Roseville, MN 55113
Phone - (612) 623-1110 or (800) 852-9071 - Fax - (612) 623-1122
Email – aasp@aaspmn.org Website – aaspmn.org