

# OFFICIAL MEMBERSHIP APPLICATION



As a member of the Alliance of Automotive Service Providers of Minnesota (AASP-MN) we will abide by the Association's Code of Ethics, bylaws and other conditions of membership as established by the Board of Directors. We understand the AASP-MN logo must be used in accordance with the logo guidelines. It is understood membership in AASP-MN is subject to acceptance by the Association and is non-transferable. It is also understood that AASP-MN membership dues may be deductible as a business expense for federal income tax purposes, but are not deductible as a charitable contribution.

**\*\*\*PLEASE PRINT OR TYPE\*\*\***

## BUSINESS INFORMATION:

Business Name: \_\_\_\_\_

Business Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_

Primary Division: (check one)     Collision     Mechanical/Transmission

List other specialties: \_\_\_\_\_

Date you started in business: \_\_\_\_\_

Annual gross sales

- \$0 - \$500,000                       \$500,000 - \$1,000,000                       \$1,000,000 - \$1,500,000  
 \$1,500,000 - \$2,000,000                       More Than \$2,000,000

**(CONTINUED ON BACK)**

**WHAT BENEFITS MOTIVATED YOU TO JOIN AASP-MN?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE HAVE A REPRESENTATIVE CONTACT ME ABOUT:**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical, Dental, Disability, and Life Insurance ( <i>CBIZ AIA</i> ) | <input type="checkbox"/> Uniform Program ( <i>AmeriPride</i> )                       |
| <input type="checkbox"/> Workers' Compensation Insurance ( <i>Meadowbrook</i> )              | <input type="checkbox"/> Property and Liability Insurance ( <i>CBIZ AiA</i> )        |
| <input type="checkbox"/> Bankcard Processing ( <i>AASP-MN</i> )                              | <input type="checkbox"/> Mitchell 1 Discounts ( <i>mechanical repair database</i> )  |
| <input type="checkbox"/> Legal Consultation ( <i>Fryberger Law Firm</i> )                    | <input type="checkbox"/> Technical Information Hotline ( <i>IDENTIFIX</i> )          |
| <input type="checkbox"/> Printed Business Forms & Calendars ( <i>AASP-MN</i> )               | <input type="checkbox"/> Industrial & Paper Products ( <i>Wipers &amp; Wipes</i> )   |
| <input type="checkbox"/> Check Guarantee ( <i>Certegy</i> )                                  | <input type="checkbox"/> Website & Internet Marketing ( <i>NetDriven</i> )           |
| <input type="checkbox"/> Payroll Processing ( <i>CBIZ Payroll</i> )                          | <input type="checkbox"/> Employee Assessment System ( <i>Assessment Associates</i> ) |

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 \_\_\_\_\_

**DUES**

Out of State \$150.00

Add'l locations \_\_\_\_ @ \$ 50.00 each

**Complete for Additional Location Only:**

Company name: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**PAYMENT OPTIONS**

\_\_\_\_\_ Check Enclosed. Payable to AASP-MN

\_\_\_\_\_ Credit Card (select type)     Visa     MasterCard     Discover     American Express

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**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](mailto:aasp@aaspmn.org) Website: <http://www.aaspmn.org>**