

# 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: \_\_\_\_\_ County: \_\_\_\_\_ 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:**

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

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:**

- 1-3 Employees \$250.00
- 4-10 Employees \$395.00
- 11 + Employees \$525.00
- 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>**