

# 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](mailto:aasp@aaspmn.org) Website – [aaspmn.org](http://aaspmn.org)