

OUT OF STATE 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:

- Medical, Dental, Disability, and Life Insurance (CBIZ AIA)
- Workers' Compensation Insurance (CBIZ AiA)
- Property and Liability Insurance (CBIZ AIA)
- Employee Voluntary Benefits (Colonial Life)
- Bankcard Processing (AASP-MN)
- Legal Consultation (Fryberger Law Firm)
- Printed Business Forms & Calendars (AASP-MN)
- Website & Internet Marketing (Autoshop Solutions & NetDriven)
- Uniform Program (AmeriPride)
- Payroll Processing (CBIZ Payroll)
- Employee Assessment System (Assessment Associates)
- Information Providers (Mitchell & Mitchell1)
- Check Guarantee (Certegy)
- Technical Information Hotline (IDENTIFIX)
- Safety Compliance (CHESS)

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 _____

DUES

Out of State - \$150.00
Additional locations - \$50 ea.

Complete for Additional Location Only:	
	Date _____
Company name: _____	
Representative: _____	
Address: _____	
City: _____	Zip: _____
Phone: _____	Fax: _____
Email: _____	
Please attach list for additional locations if needed.	

PAYMENT OPTIONS

_____ Check Enclosed. Payable to AASP-MN
_____ Credit Card (select type) Visa MasterCard Discover American Express

Credit Card # _____ CSC: _____

Expiration Date: _____ Billing address: _____

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: <http://www.aaspmn.org>