

# 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 (Certegey)
- Technical Information Hotline (IDENTIFIX)
- Safety Compliance (CHES)
- CARS Coop Discounts

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  
Additional locations - \$50 ea.

**Complete for Additional Location Only:**

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

**Note: AASP-MN adds a 3% surcharge to all credit card payments. This surcharge is not greater than our total cost of accepting credit cards. Surcharge does not apply to debit cards.**

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

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