

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: _____ Performance _____

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 & Net Driven)
- Uniform Program (AmeriPride)
- Payroll Processing (CBIZ Payroll)
- Employee Assessment (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: _____ **Date:** _____

DUES:

- 1-3 Employees \$275.00
- 4-10 Employees \$415.00
- 11 + Employees \$550.00
- 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: _____

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>