



AASP-MA
P.O. BOX 212
Marlborough, MA 01752
Phone: 617-574-0741
Fax: 973-235-1963
Email: admin@aaspma.org

Membership Application 2020-2021

Please complete this form and return to our office via mail, email or fax with your dues payment. Thank You!

BUSINESS INFORMATION

Massachusetts Shop Registration # Total number of Staff (Techs, office, Mgrs)
Company's Official Name:
Business Physical Address:
Business Mailing Address (If Different):
Telephone Number: ()- - Fax: ()- -
Website:
Social Media: _FB: TWITTER:

DUES STRUCTURE

Type of Membership (Collison or Vendor): C: OR V: Other: Annual Dues: \$495 / 12 Months*

BUSINESS CONTACTS

PRIMARY CONTACT ACCOUNTS PAYABLE
Name: Name:
Phone: Phone:
Email: Email:

CONTACTS WHO WISH TO RECEIVE NEWSLETTERS, EVENT INFORMATION, & LEGISLATIVE UPDATES

Name: Email:
Name: Email:

YES Please list my business as an AASP/MA member in good standing on the AASP/MA website for consumers to consider using for the collision repairs and assistance with the claims process.
I understand this is a member benefit (initials Date / /2020)

PLEASE ENCLOSE PAYMENT WITH YOUR MEMBERSHIP APPLICATION

Check# : (IF collision shop please note your RS# on the memo line of the check) OR
CC #: EXP: / CID:
Billing Address:
Name On Card: Signature:

Are you a member of another State or National collision Industry related associations? Yes or NO, if Yes
Select which ones, SCRS: ASA: STA: Other:
Are you I-CAR Gold Class: "On the road to Gold": Are you a member of APN Yes or NO
Are you OEM certified Yes or NO? For which OEM lines:

I hereby make this application for membership with the Alliance of Automotive Service Providers of MA (AASP/MA) for membership dues 2020-2021 as provided for in this contract.
*Membership Dues are for a twelve month period commencing on your anniversary month of membership.