



AASP-MA
P.O. BOX 850210
Braintree, MA 02185
Phone: 617-574-0741
Fax: 973-235-1963
Email: admin@aaspma.org

Membership Application 2021-2022

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 (Collision or Vendor): C: OR V: Other: Annual Dues: \$495 / 12 Months\*

BUSINESS CONTACTS

PRIMARY CONTACT

ACCOUNTS PAYABLE

Name:

Phone:

Email:

Name:

Phone:

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 / /2021)

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 2021-2022 as provided for in this contract.

\*Membership Dues are for a twelve month period commencing on your anniversary month of membership.