



AASP-MA
P.O. BOX 850210
Braintree, MA 02185
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Fax: 973-235-1963
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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: (____)-____-____

DUES STRUCTURE. Collision Shop Annual Dues: **\$495 / 12 Months***

PRIMARY BUSINESS CONTACT

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)

*Yes Please send me information regarding the following MONEY SAVING BENEFITS:
 Dental plan Healthcare plan Credit card processing All three*

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: _____

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.*