



AASP-MA
P.O. BOX 850210
Braintree, MA 02185
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Fax: 973-235-1963
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Membership Application 2022-2023

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: \$650 / 12 Months*

PRIMARY BUSINESS CONTACT

Name:

Email:

Check here to opt out of having your shop listed on our website map for potential customers to find you. If you have any questions about this benefit, call (617) 574-0741, ext. 1.

Yes Please send me information regarding the following MONEY SAVING BENEFITS:

- Dental plan Healthcare plan Credit card processing Grant writing/training Google presence optimization All five

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:

Check here to opt out of auto renewal using this credit card information for future renewal

Note: A 4 percent convenience fee will be charged for membership renewal via credit card transaction

I hereby make this application for membership with the Alliance of Automotive Service Providers of MA (AASP/MA) for membership dues 2022-2023 as provided for in this contract.

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