



Membership Application for ASA MO-KAN Missouri/Kansas

The Automotive Service Association of Missouri/Kansas is dedicated to supporting area automotive service businesses that provide automotive repairs/services to the motoring public, and/or businesses who provide repairs/services to exclusive vehicle fleets such as public utilities.

APPLICATION

Contact Name _____ Title _____

Company Name _____

Address _____

City, State, Zip _____

Phone () _____ Fax () _____

E-Mail Address _____ Web Site Address _____

Do we have permission to fax you ASA information? Yes No Do we have permission to e-mail you ASA information? Yes No

Home Address, City, State Zip _____

Owner's Date of Birth _____ Spouse Name _____

Division Mechanical/Transmission Collision Is Your Business a Partnership Corporation Sole Proprietorship

Annual Gross Sales Under \$100,000 \$250,000 – \$500,000 \$750,000 – \$1,000,000
 \$100,000 – \$250,000 \$500,000 – \$750,000 More than \$1,000,000

Date You Started in Business _____ Number of Employees _____

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No

Choice of Membership Information: Mail me membership benefits information on a CD
 Email me a link to download an electronic member binder with automatic updates

Select the local chapter/area you would like to participate in: Kansas City Mechanical Kansas City Collision Springfield
 St. Joseph Wichita Collision Wichita Mechanical Topeka Central Missouri St. Louis

ASA Mo-Kan & National Dues \$ 470 / year (effective 1/1/2011)

**Number of Additional Locations: _____ @ \$235 each (please complete the attached form for additional locations)
Valid only for locations owned by the same company / same tax id number**

I choose to pay my dues by: Check (only available if paying full amount due)
 Credit Card (must complete credit card billing form on back)

**Monthly, Quarterly and Semi-Annual Payment Plans Now Available!
Complete the form on the back side to have your dues paid in installments.**

If paying your dues in full by check, please mail application & check payable to ASA-MoKan for the amount of \$470.00 to the address below

I, the undersigned, as a member of the Automotive Service Association of Missouri-Kansas (a division of ASA of Greater Kansas City), will abide by the Association's bylaws. Membership in the association is non-refundable and non-transferable. I also understand that membership dues may be deductible as a business expense for Federal income tax purposes but are not deductible as a charitable contribution. I also understand that the ASA logo is a registered trademark and the property of ASA and should be used in accordance with the ASA Sign and Logo Policy.

Signature _____ Date _____

Enrolled by _____

Automotive Service Association of Missouri / Kansas
7510 North Palmer Avenue, Kansas City, MO 64158
phone 816.781.5801 toll-free 877.282.7252 fax 816.817.2260
www.asamokan.org www.asashop.org sheri@asamokan.org



ASA Missouri/Kansas Continuous Membership

You can now pay your ASA membership dues by credit card by completing the form below and returning it to ASA.

By signature below, I _____ (please print) hereby authorize The Automotive Service Association (ASA) to charge my credit card as listed below for my annual membership dues using the method checked below and understand that this term is legally binding as described**. I further understand that this authorization will remain active until ASA has received my written termination notification by mail or fax (which becomes effective at the next renewal term). I agree to notify ASA if alternative payment arrangements need to be made prior to terminating this agreement.

ASA six-digit member number (if known)

Contact name _____ Title _____

Company Name _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Email _____

Card Type: American Express Discover MasterCard Visa

Credit Card Number: _____

Expiration Date ____/____/____ CID Code* _____

*The CID code is required information. The code is on the signature strip for Discover, MasterCard and Visa. American Express code is on the front of the card.

Name as it appears on credit card (please print)

Credit card billing address, including city, state and zip (if different than shop)

Please charge my account (check only one choice below). I understand my credit card will be charged on the closest business date to the 1st of each billing period.

I understand that I am committing to a one-year membership to be paid in installments chosen below. But I am agreeing to pay the annual amount of ASA membership dues.

- \$39.20 Monthly (twelve times yearly)
- \$117.50 Quarterly (four times yearly)
- \$235.00 Semi-annually (twice yearly)
- \$470 Annually (once yearly)

Please note the charge will appear on your credit card statement as: AutoServAssn

Signature _____ (Required) Date _____

**I understand that membership in ASA is non-refundable. This offer is open to US residents only with one active payment plan per member. I also understand that ASA membership dues may be deductible as a business expense for federal income tax purposes but are not deductible as a charitable contribution. I further understand that the name Automotive Service Association, the ASA sign and the ASA logo are registered trademarks, are the property of ASA, and should be used in accordance with the logo guidelines.

The 12 month option includes a payment of 12 equal installments. The quarterly option includes a payment of four equal installments in 3 month intervals. The semi-annual option includes a payment of two equal installments in 6 month intervals. The once yearly option is one payment per year.

Your credit card statement is your receipt for all transactions. If you should have questions relating to a charge, please call ASA's bookkeeping department at 1-800-272-7467 ext. 220.

Automotive Service Association of Missouri / Kansas

7510 North Palmer Avenue, Kansas City, MO 64158

phone 816.781.5801 toll-free 877.282.7252 fax 816.817.2260 www.asamokan.org sheri@asamokan.org



Additional Locations for ASA MO-KAN Missouri/Kansas Membership

MAIN MEMBER NAME: _____

Additional Locations

LOCATION #2

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter you would like to participate in: Kansas City Mechanical Kansas City Collision
 Springfield St. Joseph Wichita Collision Wichita Mechanical
 Topeka Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No

LOCATION #3

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter you would like to participate in: Kansas City Mechanical Kansas City Collision
 Springfield St. Joseph Wichita Collision Wichita Mechanical
 Topeka Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No

LOCATION #4

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter you would like to participate in: Kansas City Mechanical Kansas City Collision
 Springfield St. Joseph Wichita Collision Wichita Mechanical
 Topeka Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No



Additional Locations for ASA MO-KAN Missouri/Kansas Membership

MAIN MEMBER NAME: _____

Additional Locations

LOCATION #5

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter for this location to participate in: Kansas City Springfield St. Joseph
 Wichita Topeka Central Missouri North Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No

LOCATION #6

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter for this location to participate in: Kansas City Springfield St. Joseph
 Wichita Topeka Central Missouri North Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No

LOCATION #7

Contact Name _____ Title _____
Company Name _____
Address _____
City, State, Zip _____
Phone () _____ Fax () _____
E-Mail Address _____ Do we have permission to fax and email you ASA information? Yes No

Select the local chapter for this location to participate in: Kansas City Springfield St. Joseph
 Wichita Topeka Central Missouri North Central Missouri St. Louis

Sign Option: All members receive an ASA window decal. Would you also like a 19" x 25" ASA aluminum sign with your membership? (please allow 1-2 weeks for delivery) Yes No