



Develop a partnership with area businesses & the automotive service community!!

# Membership Application for ASA MO-KAN Missouri/Kansas

The Automotive Service Association of MoKan 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 you would like to participate in:  Kansas City Mechanical  Kansas City Collision  
 Springfield  St. Joseph  Wichita Collision  Wichita Mechanical  
 Topeka  Central Missouri  St. Louis

**Dues Information** ASA Mo-Kan & National Dues \$ 450 / year

**Number of Additional Locations:** \_\_\_\_\_ @ \$225 each (please complete the attached form for additional locations  
Valid only for locations owned by the same company / same tax id number.

Please Mail Application & Check payable to ASA-MoKan for the appropriate dues amount  
to the Address Below or Charge your Mastercard, Visa or Discover by including the information below

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address & Zip Code \_\_\_\_\_ Amount \_\_\_\_\_

Enrolled by \_\_\_\_\_

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 are 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. If paying by credit card, I authorize the above credit card to be charged for the equal installments as indicated above. I further understand that my membership will remain active and payments will continue until I notify the association in writing otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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: \_\_\_\_\_

### 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

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### 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