



Continuous Membership

Please complete the form below.

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.

Mr. Mrs. Ms. *** PLEASE PRINT LEGIBLY ***

Business Name _____

Contact Name _____

Business Street Address _____

Street City State Zip

County _____ Country _____

Mailing Address _____

(If different from street address) Street/Box City State Zip

County _____ Country _____

Business Phone (_____) Business Fax (_____)

Email Address _____

(Your email address will be used to provide pertinent account info. Providing e-mail address constitutes permission for ASA to contact you via e-mail.)

Please charge my account (check only one choice). I understand my credit card will be charged on the closest business day 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.

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

\$ _____ Quarterly (four times yearly) \$ _____ Annually (once yearly)

Signature _____ Date: ____/____/____

*I understand that membership in ASA is non-refundable. 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 quarterly option includes a payment of four equal installments in 3 month intervals. The once yearly option is one payment per year.

Your credit card statement is your receipt for all transactions and will appear as AutoServAssoc. Please retain a copy of this form for your records. If you should have questions relating to a charge, please call ASA's accounting department at (817) 514-2927.

A portion of your total dues amount allocated to lobbying expenses is 10 percent. This may not be tax deductible, please consult your tax advisor. Per IRS regulations, your dues are not deductible as a charitable deduction. However, dues may be deductible as a business expense. The annual \$35 AutoInc. subscription is included in your dues.

Return the completed form to the address below.

FOR OFFICE USE ONLY: Effective Date: ____/____/____ Member Number: _____

Payment Information:

Credit Card Dated: ____/____/____ Amount Received/Processed: \$ _____

Credit Card: American Express Discover MasterCard Visa Expiration Date: ____/____/____

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Automotive Service Association®

You keep them going. We keep you going.

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(817) 514-2900 • Fax (817) 581-3572 • www.ASAsShop.org • www.TakingTheHill.com • www.AutoInc.org