

# MEMBERSHIP APPLICATION

**ANNUAL MEMBER DUES: \$500.00**

PLEASE COMPLETE ALL INFORMATION - PLEASE PRINT CLEARLY!

DATE: \_\_\_\_\_

MEMBER TYPE: (CHECK ONE) ☐ COLLISION ☐ MECHANICAL ☐ ALLIED

COMPANY: \_\_\_\_\_

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ SHOP LICENSE (COLLISION MEMBERS ONLY): \_\_\_\_\_

SOLE PROPRIETOR ( ) PARTNERSHIP ( ) CORPORATION ( ) VOTING DISTRICT: \_\_\_\_\_

PRODUCTS/SERVICES PROVIDED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**OPTIONAL LEGAL FUND CONTRIBUTIONS:** *This voluntary donation will be contributed to AASP/NJ's Legal Fund, created to assist members in their legal battles against issues negatively impacting the automotive repair industry. Check the applicable box to contribute to the Legal Fund:*

☐ \$100 ONE-TIME DONATION

☐ \$100 / MONTH DONATION

☐ \$200 ONE-TIME DONATION

☐ \$200 / MONTH DONATION

☐ \$250 ONE-TIME DONATION

☐ \$250 / MONTH DONATION

☐ OTHER ONE-TIME DONATION: \_\_\_\_\_

☐ OTHER MONTHLY DONATION: \_\_\_\_\_

## PAYMENT OPTIONS (ANNUAL MEMBER DUES: \$500)

☐ CHECK ENCLOSED IN THE AMOUNT OF \$ \_\_\_\_\_

(PAYABLE TO AASP/NJ)

☐ CHARGE \$ \_\_\_\_\_ TO MY ☐ VISA ☐ MC ☐ AMEX

CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS / CITY / ST / ZIP: \_\_\_\_\_

CARD #: \_\_\_\_\_ CARDHOLDER SIGNATURE: \_\_\_\_\_

EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEC CODE: \_\_\_\_\_ EMAIL RECEIPT TO: \_\_\_\_\_

**\*NOTE: CREDIT CARD SERVICE FEE**

A 3.5% surcharge will be applied to all credit card transactions. This surcharge is applied by a third party and is not greater than AASP/NJ's cost of accepting credit cards.

I authorize AASP/NJ to charge my credit card in the amount noted above as compensation for the items listed on this form, including AASP/NJ membership dues and/or optional contributions to AASP/NJ's Legal Fund. AASP/NJ agrees to send me a timely receipt following processing of payment, to the email address specified on this form. Completion and submission of this form serves as authorization to proceed.

**RETURN TO:**  
**AASP/NJ ADMINISTRATIVE OFFICE**  
244 CHESTNUT ST., SUITE 202, NUTLEY, NJ 07110  
973-667-6922 / AASPNJ@GMAIL.COM

FOR OFFICE USE ONLY  
PROCESSED BY: \_\_\_\_\_ PROCESSING DATE: \_\_\_\_\_  
RECEIPT SENT DATE: \_\_\_\_\_ MEMBER KIT SENT DATE: \_\_\_\_\_