



P.O. Box 820689, Houston, Tx. 77282-0689 (800) 323-5832 Fax (281) 531-9411

APPLICATION FOR MEMBERSHIP

We hereby make Application for Membership in the Automotive Body Parts Association, Inc. It is understood, in the making of this Application, that if accepted into membership, we will abide by the Constitution and Bylaws of the organization. In accordance with the Bylaws, our remittance of \$25.00 account establishment fee plus one half year's annual dues, in the amount as designated by the dues category into which we fit, is tendered with this Application. Once accepted into membership, we shall endeavor to have our firm represented at all general meetings and to become active in supporting the Association and its objectives.

SIGNATURE OF PRINCIPAL _____

APPLICANT

COMPANY NAME _____

PRINCIPAL CONTACT _____ TITLE _____

ADDRESS _____

CITY _____ STATE (PROV) _____ ZIP _____

800 Toll Free () _____ Regular # () _____

Fax () _____ E-mail (if any): _____

SPONSOR (if any) _____

DUES SCHEDULE (Semi-annual amount to be paid with Application + \$25.00 processing fee)

- | | | | |
|--------------------------|--------------|----------------------|----------------------|
| <input type="checkbox"/> | CATEGORY I | (1-25 employees) | (\$ 125.00/quarter) |
| <input type="checkbox"/> | CATEGORY II | (26-50 employees) | (\$ 150.00/quarter) |
| <input type="checkbox"/> | CATEGORY III | (51-250 employees) | (\$ 300.00/quarter) |
| <input type="checkbox"/> | CATEGORY IV | (251-500 employees) | (\$ 500.00/quarter) |
| <input type="checkbox"/> | CATEGORY V | (501-1000 employees) | (\$ 750.00/quarter) |
| <input type="checkbox"/> | CATEGORY VI | (1001+ employees) | (\$ 1000.00/quarter) |

Method of Payment: Major Credit Card:

VISA MasterCard

AMEXCO DISCOVER

No: _____

Expiration Date: _____

Signature: _____

DUES CATEGORY # _____ SEMI-ANNUAL FEE = \$ _____
ADMIN FEE = \$ 25.00
TOTAL REMITTED = \$ _____

ABPA is a non-profit corporation recognized under Section 501 (C)(6) of the Internal Revenue Code as a business league. No other organization controls or directs its activities. Membership in ABPA is tax deductible as business expense to the extent allowable by current law; it is not a charitable deduction.

Based on the dues category, ABPA will send its mailings on the following schedule:

Category 1, One -Two Mailings; Category 2, Three mailings; Category 3, Four mailings. Category 4, Five mailings; Category, 5, Six-Seven mailings; Category 6, Eight-Ten mailings. Please list those you would like placed on the mailing list and to which your company is entitled (other than the name listed on the front of the Application. Also note, as a Member, Additional Subscriptions may be purchased for company personnel at the rate of \$60.00 per year, which includes the *Body Language*, *The Collision Parts Journal* and the *International Directory & Suppliers Guide*).

COMPANY INFORMATION

Status of Company: ___ Individually owned ___ Partnership ___ Corporation ___ Limited Corporation

Names of Principal Officers & Position:

_____ TITLE _____

_____ TITLE _____

Month/Year Established: _____ No. of outlets: _____

Area Covered: _____

Product Lines & Services: _____

OPTIONAL:

We would appreciate your answering the following questions as a means of helping ABPA to even better serve the membership: What industry objectives do you want pursued? _____

Would you be interested in serving on a Committee? YES NO

- If YES, what committee? By laws & Constitution Competition in the Marketplace
 Convention Communications & Public Relations Industry Relations Ed/Tech
 Membership Certification Legislative & Regulation

Can you recommend other companies which might be interested in ABPA membership? (Please list)

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THANK YOU