



1510 Eldridge Pkwy, # 110-168, Houston, Tx. 77077 • (800) 323-5832 • Fax (281) 531-9411 • E-mail: srodman1@sbcglobal.net

APPLICATION FOR ASSOCIATE MEMBERSHIP

We hereby make Application for Associate 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 a year's annual dues in the amount of \$200.00 is tendered with this Application. We acknowledge that an Associate Member does not have the privilege of a vote during any general membership meeting but is no less welcome in its support of the goals and objective of the organization.

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 (Annual amount to be paid with Application + \$25.00 processing fee)

CATEGORY: Associate Member (\$ 200.00/annual)
TOTAL REMITTED = \$ 225.00

NOTE TO MEMBERS

You Can Pay Dues by Sending an Electronic Check to JPMorgan Chase Bank, N.A. (in Dallas) with an ABA Transit & Routing Number of 111000614 to the Account of ABPA, #904430220. Or, if by Wire Transfer, use this Routing number, 021000021, to the same account, #904430220. Thank You.

Method of Payment: Major Credit Card:

VISA MasterCard

AMEXCO DISCOVER

No: _____

Expiration Date: _____

Signature: _____

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: Associate--2 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*).

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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? _____

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

THANK YOU