

# Application for Full Membership



**Instructions:** This form can be filled in electronically, or printed out and returned by fax or email. To submit the form electronically, fill in the fields below using Adobe Acrobat, save the PDF, and email it to [membership@autobpa.com](mailto:membership@autobpa.com). Otherwise, print out the form, fill in the information by hand, and either fax it to **401-262-0193**, or scan the pages and attach the file by email. *Note:* There are 2 pages to complete.

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:**

*Type your name if completing electronically*

## Applicant Information

**Company Name:**

**Principal Contact:**

**Title:**

**Address:**

**City:**

**State/Prov:**

**ZIP:**

**Phone (toll-free):**

**Country:**

**Phone (local):**

**Fax:**

**Email:**

**Website:**

## Company Information

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

**Date Established (Month/Year):**

**Number of Outlets:**

**Principal Officer(s) and Position/Title:**

**Name:**

**Title:**

**Name:**

**Title:**

**Area Covered:**

**Product Lines/Services:**

## Dues and Payment

Using the table below, determine your membership Category number and Initial Payment amount, based on your number of employees. The Initial Payment covers your first two quarters of dues.

Category	Employees	Dues Schedule	Initial Payment <i>(1st two quarters of dues)</i>
Category I	1-25	\$150/quarter	\$300
Category II	26-50	\$180/quarter	\$360
Category III	51-250	\$350/quarter	\$700
Category IV	251-500	\$575/quarter	\$1150
Category V	501-1000	\$800/quarter	\$1600
Category VI	1001+	\$1150/quarter	\$2300

Enter your Category number and the corresponding Initial Payment amount in the fields below.

**Initial Payment:** \$  *(1st two quarters of dues)*      **Category Number:**

**Admin Fee:** \$

**Total Remitted:** \$  *Enter the total sum of the Initial Payment fee and the Admin fee here, and pay this amount*

### Method of Payment: Check

Please make all checks payable to "ABPA" and include a copy of this document.

Mail checks to:

**Automotive Body Parts Association**  
400 Putnam Pike, Suite J #503  
Smithfield, RI 02917

### Method of Payment: Credit Card

**Type:**  Visa    MasterCard    Amex    Discover

**Number:**

**Expiration (Month/Year):**

**Signature:**

*Type your name if completing electronically*

*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 a business expense to the extent allowable by current law; it is not a charitable deduction.*

## Optional Information

As a member of the ABPA, you will periodically receive a copy of our email newsletter, "Body Language". You can add additional recipients by providing their name and email address below.

**Name:**       **Email:**

**Name:**       **Email:**

In the box below, please let us know what industry objectives you want to be pursued, or if you have any recommendations for other companies which might be interested in ABPA membership.