

Application for Associate 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. 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 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 one year's annual dues in the amount of \$450.00 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: *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

The dues schedule for Associate Members is noted in the table below. The Initial Payment amount covers your first year of dues.

Category	Dues Schedule	Initial Payment <i>(1st year of dues)</i>
Associate Member	\$450/year	\$450

Important Note:

Associate Membership is not available to Parts Distributors. Parts Distributors are required to be Full Members.

The Full Membership application form is available on the [ABPA website](#).

Initial Payment: \$ *(1st year of dues)*

Admin Fee: \$

Total Remitted: \$

Please 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.