

# 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](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 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*

### Credit Card Payment Details

**Type:**  Visa  MasterCard  Amex  Discover

**Number:**

**Exp (MM/YY):**

**Signature:**

*Type your name if completing electronically*

By joining the ABPA, you authorize the Association to automatically charge your credit card for quarterly dues. Should your company wish to make other arrangements, please notify the ABPA office when submitting this form.

### To pay by check:

Credit card is the preferred payment method. If you wish to pay by check, please contact the ABPA office for instructions.

*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.