

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. 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
Category I	1-25	\$210/quarter	\$420
Category II	26-50	\$260/quarter	\$520
Category III	51-250	\$460/quarter	\$920
Category IV	251-500	\$750/quarter	\$1500
Category V	501-1000	\$975/quarter	\$1950
Category VI	1001+	\$1500/quarter	\$3000

Notes on future billing:
An additional \$25 service charge will apply to each quarterly payment. Or you can opt to pay for the year in full with your January invoice, and this service charge will be waived.

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*

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.