



# AUTOMOTIVE SERVICE ASSOCIATION OF TEXAS

## OFFICIAL MEMBERSHIP APPLICATION



As a member of the Automotive Service Association of Texas (ASATX), I will abide by the Association's bylaws. I understand that membership in ASATX is non-transferable, and I will be required to pay national, state and local dues, if there is a chapter in my area. I also understand that a portion of my ASATX membership dues are deductible as a business expense for Federal income tax purposes but are not deductible as a charitable contribution. Additionally, I understand that as a part of my ASATX membership I will receive the Auto Pro newsletter, the official publication of ASATX.

(Please Print)

**BUSINESS INFORMATION**

Mr.    Mrs.    Ms.

Business Representative Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
Street                      City                      State                      Zip                      County

Mailing Address: \_\_\_\_\_  
(If different from above)   Street/Box                      City                      State                      Zip                      County

Phone Number: \_\_\_\_\_ / \_\_\_\_\_      Fax Number: \_\_\_\_\_ / \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Enrolled By (Name and Address): \_\_\_\_\_

**PRIMARY DIVISION (check one)**

Collision                       Mechanical                       Transmission

**SECONDARY DIVISION (check one)**

Collision                       Mechanical                       Transmission

**LIST OTHER SPECIALTIES** \_\_\_\_\_

**IS YOUR BUSINESS A (check one)**

Partnership                       Corporation                       Single Proprietorship

Date you started in business: \_\_\_\_\_      Number of Employees: \_\_\_\_\_

What benefits motivated you to join ASATX? \_\_\_\_\_

**(CONTINUED ON BACK)**

PERSONAL INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip County

Home Phone Number: \_\_\_\_\_ / \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Enrollment Fee**

Enrollment Fee \$50

**ANNUAL DUES**

National: \$ 195.00  
State: \$ 200.00  
Local: +\$ \_\_\_\_\_  
Enrollment Fee: +\$ 50.00  
Total Due: \$ \_\_\_\_\_



STATE AFFILIATE

Check or Cash

Please make check payable to: Automotive Service Association of Texas or ASA -Texas.

Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Just like good tools and equipment, membership in ASATX can be a valuable investment. ASATX works for you full-time through such outstanding programs as (1) technical training; (2) annual savings on workers' compensation; (3) business forms at 10 to 30 percent savings; (4) legislative representation in Austin, plus many other direct benefits. How can you put ASATX to work for you? Simple. COMPLETE THE MEMBERSHIP APPLICATION AND RETURN IT WITH PAYMENT TO ASA-Texas.

**Automotive Service Association of Texas**

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info@asatx.org  
http://www.asatx.org

**FOR OFFICE USE ONLY**

Credit Card: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_