



# Automotive Aftermarket Suppliers Association Membership Application for Industry Service Partners

## Follow these steps:

1. Complete the form with the requested information and required fields.
2. Please do one of the following to submit your application:
  - Click the submit button on page 2 of the form.
  - Save the document and e-mail to jgilbertson@mema.org.
  - FAX your form to 919-406-1464; Attention: AASA Membership.

**Questions?** Contact the AASA Membership Department at 919.406.8854 or jgilbertson@mema.org.

**\* required field**

\*Your Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

### Company Information:

\*Company Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Main Phone: \_\_\_\_\_ \*FAX: \_\_\_\_\_

\*Web site: \_\_\_\_\_

### Designate your company's Member Representative (MR):

The designated Member Representative (MR) will be AASA's primary contact and will receive all association service and information mailings. *AASA strongly suggests that only a top-level executive be named.*

\*Name: \_\_\_\_\_ \*Title: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ \*Country: \_\_\_\_\_

### AASA Annual Membership Options for Industry Service Providers:

**Affiliate Membership**

Any recognized company that engages in the automotive aftermarket and/or provides products and services to the automotive aftermarket industry **with more than five employees** may be admitted as an affiliate member.  
**Annual dues: \$3,000 (Includes AAPEX exhibitor discount)**

**Associate Membership**

Any publishing/media company, industry affiliate group, or educational institution, as well as small company/consulting practices **with five or fewer employees** that engages in the automotive aftermarket and/or provides products and services to automotive aftermarket industry may be admitted as an associate member.  
**Annual dues options: \$775 (Includes AAPEX exhibitor discount); \$600 (Not eligible for AAPEX exhibit discount)**

*AASA reserves the right to request additional company information for verification of member company category prior to acceptance of membership application.*



**\*Other Market Segment Interests:**

Heavy Duty Manufacturers Association (HDMA):  Yes  No  
Original Equipment Suppliers Association (OESA):  Yes  No  
Motor & Equipment Remanufacturers Association (MERA):  Yes  No

**\*Types of services: Check all that apply.**

Academic  Outsourcing  
 Consulting/Advisory  Publisher/Media  
 Industry Group  Other Services: \_\_\_\_\_

**\*Areas of expertise: Check all that apply.**

Accounting/Finance  IT (Software, Hardware, E-commerce, Security, Networking)  
 Advertising/Marketing/Public Relations  Legal  
 Business Strategies (Operations, Management)  Logistics/Transportation/Warehousing  
 Education/Training/Learning Services  Market Research  
 General Business Services (Printing, Supplies, etc.)  Telecommunications  
 Healthcare  Testing/Quality Control  
 Import/Export Services  Tooling/RD/Engineering  
 IPR/Brand Protection  Other: \_\_\_\_\_

**\*Company Profile (Please describe your organization and services):**

**Payment Options: Payment applied upon approval.**

Check Number: \_\_\_\_\_ for \$ \_\_\_\_\_ has been sent in the mail.  
 Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 American Express  MasterCard  Visa  
Name on Card: \_\_\_\_\_

**Acceptance of Terms**

The above-named company hereby applies for membership in the Automotive Aftermarket Suppliers Association (AASA). Accompanying is our authorization to charge the indicated credit card for one year's dues, based on the category into which our company falls (as indicated in this application), or a P.O. is indicated or a check is in the mail.

We have read the "Eligibility Requirements" of this application and believe our company is eligible for membership. If approved for membership, the term of our membership is one year from application date. We also agree that, as members of AASA, we will abide by all of the association's bylaws. We understand membership may be terminated if dues payment is more than 60 days past due.

Application is subject to AASA Board of Governors Approval.

I have read and accept these terms and conditions of this application.

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

