

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:
 - Save the document and e-mail to bbrucato@aasa.mema.org
 - FAX your form to 919-406-1464; Attention: AASA Membership.

Questions? Contact the AASA Membership Department at 919.406.8854.

*** required field**

*Your Name: _____ *Title: _____

*Phone: _____ *Email: _____

Company Information:

*Company Name: _____

*Street Address: _____ P.O. Box: _____

*City: _____ *State/Province: _____ *ZIP: _____ *Country: _____

*Main Phone: _____ *FAX: _____

*Website: _____

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: \$3,560 (Includes AAPEX exhibitor discount)

Associate Membership

Any publishing/media company, industry affiliate group, educational institution, or small company/consulting practice **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: \$1,020 (Includes AAPEX exhibitor discount); \$710 (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 Information

Once your application is approved you will receive an invoice with the option to pay online or by mail. Payment in full must be processed before application is finalized.

