



AUTOMOTIVE RETAILERS ASSOCIATION
 #1 – 8980 Fraserwood Court, Burnaby, B.C. V5J 5H7
 Phone: (604) 432-7987 Fax: (604) 432-1756

FOR OFFICE USE ONLY:
 Member #

BRANCH MEMBERSHIP APPLICATION, Rev. 07/10

Firm Name: _____ Manager/Owner: _____

Mailing Address: _____ / _____ / _____
 (Street) (City/Province) (Postal Code)

Telephone: _____ Fax: _____ No. of Employees: _____

E-Mail: _____ Website: _____

Master Membership Name: _____ Member No: _____

Application for Branch Membership in _____ Division.

FOR OFFICE USE ONLY

ANNIVERSARY DAY		MONTH		YEAR		ZONE	STATUS

BRANCH MEMBERSHIP ANNUAL DUES:

- PAYMENT ENCLOSED \$280.00 (12% HST included) OR**
 PRE-APPROVED PAYMENT OPTION CHOSEN @ \$24 per month
(Please attach completed P.A.P. Application, Cheque for \$24 for 1st month's payment and a VOID CHEQUE)

PRIVACY: I/we hereby:

- Authorize the Automotive Retailers Association to collect and store my member business information (i.e. business name, address, telephone number, fax number, e-mail address, web site address and main company contact name).
- Authorize inclusion and publication of my company information in the ARA Membership Roster and in the ARA web site list of members. The Automotive Retailers Publishing Co. Ltd. may also use this information for the purpose of distribution of ARA magazines and publications to me.
- In the case of the ARA Group Benefit Plan (should our firm choose to join the Plan) personal information with regard to myself and/or my employees (i.e. Social Insurance Numbers, personal information, dependent information, etc.) may be collected for use in a strictly controlled environment for Group Benefit Plan purposes only.

I/we hereby agree to abide by the constitution and bylaws of the automotive retailers association and the code of ethics and/or rules of conduct of the Division to which my firm is assigned. I/we understand the ARA reserves the right to reject any application without explanation. Any applicant who is not accepted will be refunded in full for all pre-paid dues amounts which accompany this application.

 Signature of Applicant Date: _____

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Accepted into the _____ Division.	Date: _____
Obtained by: _____	Processed by: _____