



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 #

GENERAL APPLICATION FOR FULL MEMBERSHIP, Rev. 07/10

Firm Name: _____ Manager/Owner: _____

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

Yes, we currently have a Benefit Plan in place. Yes, we are interested in the ARA Group Benefit Plan.

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

E-Mail: _____ Website: _____

Corporate Name: _____ Address: _____
(If different from above)

FOR OFFICE USE ONLY

ANNIVERSARY DAY		MONTH		YEAR		ZONE	STATUS

ARA MEMBER DIVISIONS: (Please indicate **ONE** main Division only.)

- | | |
|---|---|
| <input type="checkbox"/> A AUTO RENTAL | <input type="checkbox"/> R AUTO RECYCLER (B-CAR) |
| <input type="checkbox"/> C COLLISION REPAIR | <input type="checkbox"/> S SUPPLIER |
| <input type="checkbox"/> G AUTO GLASS | <input type="checkbox"/> T TOWING & RECOVERY |
| <input type="checkbox"/> M MECHANICAL REPAIR | <input type="checkbox"/> U LICENSED MOTOR DEALER |
| <input type="checkbox"/> P MC/POWERSPORT | |

MEMBERSHIP DUES:

- PAYMENT ENCLOSED \$700.00** (12% HST included) **OR**
 PRE-APPROVED PAYMENT OPTION CHOSEN @ \$60.00 per month

(Please attach completed P.A.P. Application, Cheque for \$60 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 (ARA), and the code of ethics and/or standards of conduct of the Association Division to which my firm is assigned. I/we understand / agree that the ARA retains 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(s): _____ Date: _____

FOR OFFICE USE ONLY:

Accepted into _____ Division. Date: _____

Obtained by: _____ Processed by: _____