



FOR OFFICE USE ONLY: Member #

MEMBERSHIP APPLICATION **FULL** **ASSOCIATE**

Company Name: _____ Contact: _____

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

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

DIVISION AFFILIATION(S) REQUESTED:

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

INTERESTS:

- | | | |
|---|---|---|
| <input type="checkbox"/> J AIR CARE | <input type="checkbox"/> F FRAME & ALIGNMENT | <input type="checkbox"/> N NEW CAR DEALER |
| <input type="checkbox"/> K AIR CONDITIONING | <input type="checkbox"/> G GASOLINE RETAIL | <input type="checkbox"/> O OTHER/MISC _____ |
| <input type="checkbox"/> Q AUTO TRANSMISSION | <input type="checkbox"/> E INFO & TECHNOLOGY | <input type="checkbox"/> Y TRAINING FACILITY |
| <input type="checkbox"/> W DEALER # _____ | <input type="checkbox"/> I INSPECTION FACILITY | <input type="checkbox"/> Z WHEEL REPAIR |

MEMBERSHIP DUES (indicate method of payment):

- FULL PAYMENT ENCLOSED \$504.00 (5% gst included)** **OR**
 PRE-APPROVED MONTHLY PAYMENT OPTION @ \$44 per month
(Please attach completed PAP Form and a Cheque 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 Divisions(s) to which my company is assigned I/we understand / agree that the Automotive Retailers Association reserves the right to reject any application without explanation. Any applicant who is not accepted will be refunded in full all pre-paid dues amounts which accompany the application.

Signature of Applicant: _____ Date: _____

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Approved by: _____ Date: _____
Obtained by: _____ Processed by: _____