



**Automotive Service Association
Arizona**

5060 N. 19th Avenue, #216 • Phoenix, AZ 85015 602-544-2600 • Email address: info@asaaz.org

Associate Membership Application

Associate member of ASA is defined as a business that supplies goods, equipment, or service to the industry.

The association was founded on the principle that by joining together we can advance the common interests of all our members. We are a broad-based organization that includes independent repair shops, collision shops, tire dealers and towing providers along with vendors to the industry.

As an associate member of ASA AZ you will have the opportunity to network with decision-makers and market your product/service through our publication and meetings. It is critical to keep your name out in front of customers, so you'll be their choice of contact when looking for products/service. Your company will be listed in our newsletter listing of associate members. Our website also features a listing of all vendors.

Opportunities to advertise and sponsor are only available to members. The website continues to be updated and new information is added regularly to bring members back to check for information. The Sunrise Convention is the annual meeting of ASA AZ. This meeting is the largest gathering of automotive professionals in Arizona for a weekend of training, networking, entertainment and golf. Sponsorships are being solicited throughout the year – you'll want to be part of this annual event.

If you would like to receive additional information before making your decision to join, please email us at info@asaaz.org or call Luz Rubio, Executive Director at 602-544-2600 with any specific questions.

****Applications may be reviewed and verified by the State Board of Directors prior to acceptance.**

Sign up to be part of ASA AZ...

*First _____ Last _____

Business Name _____

Address _____

City _____ State ____ Zip _____

Phone _____ Fax Number _____

Email Address: _____

Web Site: _____

Type of Business: (Describe your business) _____

Referred by: _____

I am applying for:

· **Associate Membership** (Suppliers) **\$425**

Total Enclosed \$ _____

Credit Card Payments accepted:

Name on Card: _____

Credit Card # _____

Expiration: _____ **Amount:** _____

Please make checks Payable to: *ASA AZ and mail to:*
5060 N. 19th Avenue, Suite 216
Phoenix, AZ 85015

Code of Conduct: Associate Member does not constitute an endorsement from ASAAZ. They may no represent themselves as endorsed, employed or representing ASA AZ. The ASA AZ Logo is trademarked and must have written permission to be used on any brochures, websites, correspondence or introductory letter.