

APPLICATION FOR MEMBERSHIP

AUTOMOTIVE SERVICE COUNCILS OF CALIFORNIA
ORANGE COAST CHAPTER 50

A non-profit Corporation
25721 Taladro Circle
Unit B
Mission Viejo CA
92691-3934
(949) 855-0590



Automotive Service Councils of California
Professionals in Automotive Service - Since 1940

Chapter 50

Membership Type:

- Regular
Associate
Educator
Retired

Type of Service:

- Mechanical
Auto Body
Transmission
Other

I, the undersigned, hereby apply for membership in the AUTOMOTIVE SERVICE COUNCILS OF CALIFORNIA, INC. I promise to abide by the constitution, Bylaws, and Code of Ethics, and all other policies of the organization duly promulgated by its Board of Directors, including those related to guarantees and advertising. It is expressly understood that, as a condition of my membership, I promise to stand behind the services I perform and the products I sell in accordance with the accepted customs of the industry. It is further understood that signs, decals, and emblems remain the property of the Association and are only leased by me. It is also understood that I am not entitled to ASC Member Group bonuses, dividends, rebates, or other financial benefits unless I am a member in good standing at the time that the dividends are distributed. I also recognize and accept that my Application for Membership in the ORANGE COAST Chapter of the Automotive Service Councils of California is contingent upon my approval by that chapter's Board of Directors. Should the local chapter not accept my application, I shall be entitled to a 100% refund of any dues and the entry fee collected by ASC for my membership and I shall receive that refund within 60 days from the date this Membership Application was signed by me. I further understand that the \$465.00 I have included with this application covers my application fee and 6 months of dues and that I will be billed pro-rata semi-annually in advance for the remainder of my annual dues in June and December.

BUSINESS NAME \_\_\_\_\_ BAR # \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE ( ) - - FAX ( ) - - CELL ( ) - -

WEBSITE \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER OR CONTACT NAME \_\_\_\_\_

DATE BUSINESS ESTABLISHED \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

BUSINESS TYPE [ ] INDIVIDUAL PROPRIETORSHIP [ ] PARTNERSHIP [ ] CORPORATION
[ ] INSTRUCTIONAL [ ] OTHER DESCRIBE \_\_\_\_\_

MEMBERSHIP IN OTHER TRADE ORGANIZATIONS \_\_\_\_\_

WHO OR WHAT MADE YOU AWARE OF THE ASC BENEFITS \_\_\_\_\_

Table with 2 columns: Description and Amount. Includes rows for Application Fee (\$95.00), State Dues (\$160.00), Local Dues (\$220.00), and Total Due With Application (\$475.00).

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_