



APPLICATION FOR MEMBERSHIP
AUTOMOTIVE SERVICE COUNCILS OF CALIFORNIA
North Orange County Chapter 48

820 West Commonwealth Ave., Fullerton, CA 92832

Fax application to: 714-582-6160

Call the 2011 President, Luis Gonzales at: (562) 947-2919
or any of the board members found at www.ascca.com.

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 **North Orange County Chapter 48**, 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 ASCCA for my membership and I shall receive that refund within 60 days from the date this Membership Application was signed by me.

BUSINESS NAME _____ **BAR #** _____

Business License #: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE (___) _____ - _____ **FAX** (___) _____ - _____ **CELL** (___) _____ - _____

WEBSITE _____ **EMAIL** _____

OWNER or Contact Person's Name (s) _____

DATE BUSINESS ESTABLISHED _____ **NUMBER OF EMPLOYEES** _____

BUSINESS TYPE: Sole Proprietor Partnership Corporation Instructional Other, *Describe:* _____

MEMBERSHIP(S) IN OTHER TRADE ORGANIZATIONS _____

Who referred you to ASCCA Chapter 48? _____

What is important to you in an association? _____

SIGNED _____ **DATE** _____

Chapter 48 Membership Type:

Regular Please indicate Area(s) of Expertise: Mechanical Auto Body Transmission Other _____

Associate Please specify Industry and specialty area (s): _____

Educator Please specify Industry and specialty area (s): _____

Retired Please indicate Area(s) of Expertise: Mechanical Auto Body Transmission Other _____

Payment for 6 months: \$356 **Sign-up Fee: \$75** Please make check out to: ASCCA, or call for cc payment.

Thank you for taking the time to apply to ASCCA Chapter 48.
A member of the board will contact you soon.