

Automotive Aftermarket Association Southeast, Inc. Membership Application

Company Name (DBA) _____	EIN _____
Legal Name (on tax records) _____	Personnel Count (Include Owners) This Location ALL Locations
Contact _____ <small>First Middle Last, Suffix (Name Preferred)</small>	Position _____
Email _____	
Owner (s) _____ <small>First Middle Last, Suffix (Name Preferred)</small>	Position _____
Email _____	
Owner (s) _____ <small>First Middle Last, Suffix (Name Preferred)</small>	Position _____
Email _____	
Physical Address _____	County _____
Physical City/State/Zip _____	Phone () _____
Mailing Address _____	Fax () _____
Mailing City/State/Zip _____	www. _____
Principal Business Activity _____	Referral/Sponsor _____ <small>Person/Company</small>

	Additional Location
Location Name (DBA) _____	EIN _____
Physical Address _____	Phone () _____
Physical City/State/Zip _____	Personnel Count This Location
Mailing Address _____	County _____
Physical City/State/Zip _____	Contact _____
Physical City/State/Zip _____	Position _____

Please use separate sheet for more locations, owners or contacts

Dues Schedule

AAAS dues are based on personnel count at ALL locations (including owners). A 5% discount is offered on annual dues payments if payment is received within 30 days.

MEMBERSHIP CATEGORY	
REGULAR	<input type="radio"/>
AFFILIATE	<input type="radio"/>

PERSONNEL ANNUAL COUNT RANGE	DUES	
100 +	\$ 2,995	<input type="radio"/>
51 - 100	1,995	<input type="radio"/>
16 - 50	1,195	<input type="radio"/>
6 - 15	695	<input type="radio"/>
1 - 5	395	<input type="radio"/>

PAYMENT OPTIONS

AAAS Fiscal Year: October - September

Quarterly ☐

Annually ☐

Signature _____ Date _____

We submit the above information to become a member of Automotive Aftermarket Association Southeast, Inc.
We realize that our company's acceptance is subject to the AAAS constitution and bylaws which obligates us to at least 12 months of membership.