

Membership Application



Automotive Service Councils of California

Professionals in Automotive Service - Since 1940

ASCCA
A non-profit Corporation
One Capitol Mall, Suite 320
Sacramento, CA 95814
(916) 924-9054 or (800) 810-4272
Fax: (916) 444-7462 or
info@ascca.com

Chapter# _____

- Regular
- Associate
- Educator
- Technician
- Retired

CONTACT INFORMATION

BUSINESS NAME _____ ARD# _____

CONTACT NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

E-MAIL _____ Website: _____

ARD Verification
Initial: _____
Date: _____

Please note that by providing your fax and/or email address you are giving ASCCA, related foundations, for-profit subsidiaries and chapters permission to contact you via one or both of these media.

BUSINESS EST. ____/____/____ START DATE OF CURRENT OWNERSHIP ____/____/____

#OF EMPLOYEES _____ TYPES OF SERVICE/PRODUCTS PROVIDED _____

BUSINESS TYPE Sole Proprietorship Partnership Corporation Franchise
 Independent Sales Representative Instructional

LIST YOUR MEMBERSHIP(S) IN OTHER TRADE ASSOCIATIONS _____

HOW DID YOU HEAR ABOUT ASCCA? _____

PAYMENT INFORMATION

- Enclosed is my \$_____ application fee.
- Membership dues of \$_____ for the period of _____.

Payment Method:

- Check # _____
- Credit Card: Visa Master Card AmEx

Chapter Contact _____

ASCCA State Office Contact _____

Effective Date _____

Referral Source _____

Credit Card Information

Name on credit card _____

Credit Card # _____

Exp. Date (MM/YY) _____ Security Code _____ Billing Zip Code _____

Signature _____

MEMBERSHIP AGREEMENT

By my signature below, I affirm that I have read, understand and agree to the ASCCA Code of Ethics and Membership Pledge provided on the back of this form. I also agree to remain a member in good standing.

Signature: _____ Date: _____

ASCCA. Your Partner. Your Resource. Your Voice.

CODE OF ETHICS

1. To promote good will between the motorist and the industry.
2. To have a sense of personal obligation to each individual customer.
3. To perform high quality repair service at a fair and just price.
4. To employ the best skilled personnel obtainable.
5. To use only proven merchandise of high quality distributed by reputable firms.
6. To itemize all parts and adjustments in the price charged for the service rendered.
7. To retain all parts replaced for customer inspection, if so requested.
8. To uphold the high standards of our profession and always seek to correct any and all abuses within the automotive industry.
9. To uphold the integrity of all members.
10. To refrain from advertisement which is false or misleading or likely to confuse or deceive the customer.

MEMBERSHIP PLEDGE

I, the undersigned hereby apply for membership in the AUTOMOTIVE SERVICE COUNCILS OF CALIFORNIA, INC, hereafter referred to as ASCCA. I promise to abide by the Constitution, Bylaws and Code of Ethics and all the 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.

I understand that **signs, decals and emblems remain the property of ASCCA** and are only leased by me. It is also understood that I am not entitled to ASCCA 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. In addition, I understand that until further written notice, I consent to receive facsimile and/or e-mail messages and solicitations from ASCCA, related foundations, for-profit subsidiaries and chapters to the fax number and email address listed on this application. By signing this application, I am further stating that I have the authority to enter into this agreement and to grant contact via one or both of these mediums.

I have read and understand the ASCCA Code of Ethics. Furthermore, I agree to adhere to and abide by the Code of Ethics if I am to remain a member in good standing.

I accept and understand that any member of ASCCA has the right to level accusations against another member of the association for violating the ASCCA Code of Ethics, provided said accusations are made in writing and with a signature affixed.

I understand that should another member accuse me of one or more Code of Ethics violations, I will be afforded due process in the resolution of the accusations, in accordance with the policies and procedures of ASCCA.

I understand that my total annual dues are \$_____.

I further understand the amount I have included with this application covers my entry fee of \$_____.

Contact Information:

ASCCA Headquarters
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Supplemental Application Membership Requirements

BUSINESS NAME: _____

CONTACT NAME: _____

Thank you for your interest in the Automotive Service Councils of California. Listed below are the minimum standards that ASCCA requires of its members. In order to successfully process your application for members, we require that the following information be provided.

- Copy of Business License
- EPA# _____
- Photo of Shop – Enclose a photo of the front of your shop, shop counter and bays. *(This is for informational purposes only. It will not be used to assess your qualification as a new member. Also, it will not be made public, unless you give permission for us to share this information (see below).)*
- Certificate of Insurance for Liability and Workers Compensation. If your shop does not required Workers Compensation, please explain below:

“I certify by my signature below that my business will maintain Liability and Workers Compensation Insurance.”

Signature: _____

Please check the appropriate box and sign below.

- I grant the ASCCA permission to use my shop picture on the website or in printed materials.
- I do not grant ASCCA permission to use my shop picture for anything other than an internal reference.

Signature: _____