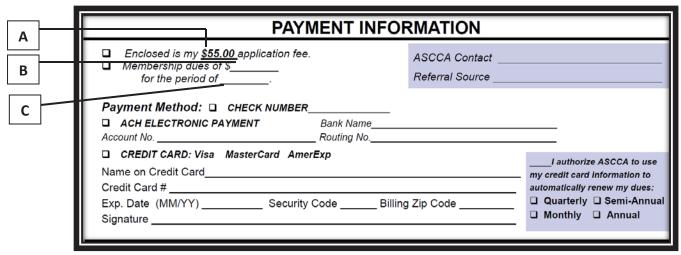
ASCCA Dues Explanation State Association

Thank you for your interest in joining the Automotive Services Council of California (ASCCA). Please follow the steps below to guide you in filling out your application:



- A. The Application Fee is a one-time fee that includes the initiation of membership in both the state association and the local chapter. (Only charged to Regular Members.)
- B. The membership dues are ongoing throughout the duration of your membership. Please input the correct Membership Due amount based on the following billing frequencies:

	Regular Member	Associate Member	Branch Member	Educator Member
Annual:	\$ 450.00	\$ 545.00	\$ 300.00	\$ 25.00
Semi – Annual:	\$ 225.00	\$ 272.50	\$ 150.00	
Quarterly:	\$ 112.50	\$ 136.25	\$ 75.00	
Monthly:	\$ 37.50	\$ 45.42	\$ 25.00	

^{**} Please note that your payment will be prorated based on the timing of your payment. Ex: If you opt for Semi – Annual payments and are beginning Regular Membership in February, we will only charge for 5 months instead of the full 6 months. Billings are from January 1st to December 31st.**

C. – Please select your preferred payment frequency (Annual, Semi – Annual, Quarterly, or Monthly).

If any questions arise in the process of filling out your application, please contact the ASCCA main office at (916) 924 – 9054, or Toll Free at (800) 810 – 4272.

Membership Application



Automotive Service Councils of California

Professionals in Automotive Service - Since 1940

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

State				
	Regular			
ш	Associate			
	Educator			
	Branch			

CONTACT INFORMATION						
BUSINESS NAME	ARD#	ARD Verification				
CONTACT NAME		Initial: Date:				
BUSINESS ADDRESS						
CITY	STATE	ZIP				
PHONE () FA	AX ()					
E-MAIL Website: Please note that by providing your fax and/or email address you are giving ASCCA, related for one or both of these media.	oundations, for-profit subs	idiaries and chapters permission to contact you via				
BUSINESS EST/ START DATE #OF EMPLOYEES TYPES OF SERVICE/PRODUCTS P BUSINESS TYPE	ROVIDEDion □ Franchise onal					
PAYMENT INFORMATION						
 \$55.00 application fee enclosed. (Regular Members only.) Membership dues of \$ enclosed. for the period of 	ASCCA Contact Referral Source					
Payment Method: □ CHECK NUMBER		I authorize ASCCA to use my credit card information to automatically renew my dues.				
Exp. Date (MM/YY) Security Code Billing Signature		*A \$2 fee per occurrence will apply Quarterly Semi-Annual Monthly Annual				
MEMBERSHIP AGREEMENT						
By my signature below, I affirm that I have read, understand and agree to provided on the back of this form. I also agree to remain a member in go		of Ethics and Membership Pledge				

ASCCA. Your Partner. Your Resource. Your Voice.

If indicated by my initials above, my signature below confirms that ASCCA is authorized to charge my credit card automatically for all association dues. This automatic charge will continue until I cancel my membership or request in writing a change to direct payment of dues. I will ensure that an active credit card number is on file with the association office. If a charge is declined, I will

provide the association office with a new card number for ongoing use. An additional service charge may apply.

Signature:

CODE OF ETHICS

- 1. To promote goodwill 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, 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 (Regular Members only)

Contact Information:

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