

ASCCA Dues Explanation

Chapter 14: Inland Empire

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:

PAYMENT INFORMATION

Enclosed is my **\$55.00** application fee.

Membership dues of \$ _____ for the period of _____.

Payment Method: CHECK NUMBER _____

ACH ELECTRONIC PAYMENT Bank Name _____
Account No. _____ Routing No. _____

CREDIT CARD: Visa MasterCard AmerExp

Name on Credit Card _____
Credit Card # _____
Exp. Date (MM/YY) _____ Security Code _____ Billing Zip Code _____
Signature _____

ASCCA Contact _____

Referral Source _____

I authorize ASCCA to use my credit card information to automatically renew my dues:

Quarterly Semi-Annual
 Monthly Annual

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

	Regular Member	Associate Member	Branch Member	Educator Member
Annual:	\$ 660.00	\$ 755.00	\$ 510.00	\$ 25.00
Semi – Annual:	\$ 330.00	\$ 377.50	\$ 255.00	
Quarterly:	\$ 165.00	\$ 188.75	\$ 127.50	
Monthly:	\$ 57.00	\$ 64.92	\$ 44.50	

Please note that your payment will be prorated based on the timing of your payment. For example, if you opt for Semi-Annual payments and are beginning membership in February, we will only charge for 5 months instead of 6 months.

- 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

Chapter 14

- Regular
- Associate
- Educator
- Branch

CONTACT INFORMATION

BUSINESS NAME _____ ARD# _____

CONTACT NAME _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

E-MAIL _____ Website: _____

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.

ARD Verification
Initial: _____
Date: _____

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

- \$55.00** application fee enclosed. (Regular Members only.)
- Membership dues of \$ _____ enclosed.
for the period of _____.

ASCCA Contact _____
Referral Source _____

Payment Method: CHECK NUMBER _____

ACH ELECTRONIC PAYMENT Bank Name _____
Account No. _____ Routing No. _____

CREDIT CARD: Visa MasterCard AmerExp

Name on Credit Card _____

Credit Card # _____

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

Signature _____

_____ I authorize ASCCA to use
my credit card information to
automatically renew my dues.
*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 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.

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: _____ Date: _____

ASCCA. Your Partner. Your Resource. Your Voice.

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 **\$ 55.00** of .

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