



**Automotive Service  
Association**

**Arizona**

P.O. Box 81517 • Phoenix, AZ 85069 602-544-2600 • Email address: [info@asaaz.org](mailto:info@asaaz.org)

### Associate Membership Application

Associate member of ASA is defined as a business that supplies goods, equipment, or service to the industry.

The association was founded on the principle that by joining together we can advance the common interests of all our members. We are a broad-based organization that includes independent repair shops, collision shops, gasoline dealers, tire dealers and towing providers along with vendors to the industry.

As an associate member of ASA AZ you will have the opportunity to network with decision-makers and market your product/service through our publication and meetings. It is critical to keep your name out in front of customers, so you'll be their choice of contact when looking for products/service. Your company will be listed in our newsletter listing of associate members. Our website also features a listing of all vendors.

Opportunities to advertise and sponsor are only available to members. Our newsletter is published 11 times a year keeping your company in front of our members. The website continues to be updated and new information is added regularly to bring members back to check for information. The Sunrise Convention is the annual meeting of ASA AZ. This meeting is the largest gathering of automotive professionals in Arizona for a weekend of training, networking, entertainment and golf. Sponsorships are being solicited throughout the year – you'll want to be part of this annual event.

If you would like to receive additional information before making your decision to join, please email us at [info@asaaz.org](mailto:info@asaaz.org) or call Luz Rubio, Executive Director at 602-544-2600 with any specific questions.

**\*\*Applications may be reviewed and verified by the State Board of Directors prior to acceptance.**

Sign up to be part of ASA AZ...

\*First \_\_\_\_\_ Last \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of Business: (Describe your business) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_

I am applying for:

- **Associate Membership (Suppliers)                      \$425**

Total Enclosed . . . . . \$ \_\_\_\_\_

**Credit Card Payments accepted:**

**Name on Card:** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Expiration:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

Please make checks Payable to: *ASA AZ and mail to:*  
*P.O. Box 81517*  
*Phoenix, AZ 85069*