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 6450 S. Sixth Street Road, Springfield, IL 62712-8818  
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# Membership Application

## Step 1

Company: \_\_\_\_\_ DBA Name: \_\_\_\_\_

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)

\_\_\_\_\_  
 (Mailing Address) (City) (State) (Zip)

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 (Phone) (Fax) (Owner/Company Email)

\_\_\_\_\_  
 (County) WWW: \_\_\_\_\_ (Owner/President)  
 (web site)

\_\_\_\_\_  
 (Key Contact Name & Title) (Email)

**Total # of Employees** \_\_\_\_\_  
 (Include all, part-time employees under 30 hours as 1/2 employee)

**Total # of Locations** \_\_\_\_\_  
 (Please list branch information on back of application)

✓	Membership Class	# of Employees	Dues
<b>Regular</b>			
	CLASS A	1 - 3	\$220
	CLASS B	4 - 7	\$330
	CLASS C	8 - 12	\$440
	CLASS D	13 - 20	\$550
	CLASS E	21 - 50	\$660
	CLASS F	51 - 100	\$798
	CLASS G	101 - 200	\$935
	CLASS H	201 - 400	\$1,100
	CLASS I	401 - 800	\$2,200
	CLASS J	801 +	\$4,400
<b>Associates</b>			
	CLASS R	ALL	\$275
<b>Education</b>			
	CLASS L	ALL	\$40

## Step 2

### Membership Classification

(choose one of the following)

- Regular** Any business or individual whose place of business is within the State of Illinois, and whose business is engaged primarily in selling motor vehicle aftermarket parts, accessories, equipment or materials and who buys and sells through legitimate channels in accordance with the established usage of the trade, **or who provides motor vehicle aftermarket service to the consumer.**

(Please designate an operation type below)

- Collision Repair     Machine Shop     Parts Jobber  
 PBE Jobber     Repair Facility     Warehouse  
 Truck Parts & Equipment

- Associate** Any business or individual **who renders a service to the aftermarket industry.**

- Education** An individual who serves as an instructor in any related motor vehicle aftermarket course at a college or a training facility.

## Step 3

### Affiliated With

(please mark all that apply)

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> AIM/CMB    | <input type="checkbox"/> APA            | <input type="checkbox"/> APPI             |
| <input type="checkbox"/> AUTO PRIDE | <input type="checkbox"/> AUTO VALUE     | <input type="checkbox"/> BUMPER TO BUMPER |
| <input type="checkbox"/> CARQUEST   | <input type="checkbox"/> ELITE AUTO MFG | <input type="checkbox"/> HAD              |
| <input type="checkbox"/> IAPA       | <input type="checkbox"/> KOI            | <input type="checkbox"/> NAPA             |
| <input type="checkbox"/> O'REILLY   | <input type="checkbox"/> PARTS PLUS     | <input type="checkbox"/> PRONTO           |
| <input type="checkbox"/> RMP        | <input type="checkbox"/> TRUCK PRIDE    | <input type="checkbox"/> TRU-STAR         |
| <input type="checkbox"/> UNI-SELECT | <input type="checkbox"/> Other: _____   | <input type="checkbox"/> No Affiliation   |

**Step 4**

**Association Policies & Terms**

Membership dues are payable upon receipt of invoice. All charges for business services are payable in full upon receipt of invoice. Delinquent accounts (business services only) will be assessed a 1.5% service charge per month (18% annual) on the unpaid balance.

Applicant agrees to abide by the bylaws of APSA of Illinois, thereby, through friendly teamwork to have active participation in the affairs of our industry as well as share in the programs and services of the Association. By providing a fax number and email address you are agreeing to receive fax and emails from the association that may contain a message of a commercial nature.

***I understand and accept the above terms***

***Signature required***

**Step 5**

**Payment**

Dues Payment \$ \_\_\_\_\_  
 APSA of IL PAC \$ \_\_\_\_\_  
 (voluntary)  
 RSMF Scholarship Program \$ \_\_\_\_\_  
 (voluntary)  
 Total Amount Paid \$ \_\_\_\_\_

Refer to front page of application for membership dues amounts

*(Please designate whether to receive annual or quarterly membership dues billing)*

Annual       Quarterly

**Optional Step 6**

For your convenience, we accept the following credit cards

VISA     MasterCard    CVC # \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date (Required): \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \_\_\_\_\_

Cardholder \_\_\_\_\_

Authorized Signature (Required) \_\_\_\_\_

**Step 7**

**Branch Locations**

Branch Name \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Branch Name \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Branch Name \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

*(Please attach a separate sheet if more space is needed)*

Sponsor \_\_\_\_\_

Company \_\_\_\_\_

*A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, Springfield, IL 62704*

*Pursuant to I.R.C., Section 162 (e) and 6033 (e) it is estimated that 10% of the membership dues amount is non-deductible for income tax purposes.*

*Contributions or gifts to APSA of Illinois are not deductible as charitable contributions for Federal Income Tax purposes except contributions made to the Ralph Silverman Memorial Foundation Student Loan/Scholarship Program.*

**FOR OFFICE USE ONLY**

Approved     Rejected    Date \_\_\_\_\_    Rep/Agent \_\_\_\_\_  
 Executive Vice President : \_\_\_\_\_    Amount Paid: \_\_\_\_\_    Check Number \_\_\_\_\_