



Get Connected
 6450 S. Sixth Street Road, Springfield, IL 62712-6818
 217-786-2850 • info@apsail.com • www.apsail.com

Membership Application

Step 1

Company: _____ DBA Name: _____

 (Street Address) (City) (State) (Zip)

 (Mailing Address) (City) (State) (Zip)

() _____ () _____
 (Phone) (Fax) (Owner/Company Email)

_____ WWW. _____
 (County) (web site) (Owner/President)

_____ (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
Regular			
	CLASS A	1 - 3	\$200
	CLASS B	4 - 7	\$300
	CLASS C	8 - 12	\$400
	CLASS D	13 - 20	\$500
	CLASS E	21 - 50	\$600
	CLASS F	51 - 100	\$725
	CLASS G	101 - 200	\$850
	CLASS H	201 - 400	\$1,000
	CLASS I	401 - 800	\$2,000
	CLASS J	801 +	\$4,000
Associates			
	CLASS R	ALL	\$250
Education			
	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 |



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Membership Application (continued)

Step 4

AAIA Complimentary Membership Eligibility

Gross Volume Sales

- Over \$2.5 million Under \$2.5 million

To receive a complimentary membership in AAIA, your annual Gross Volume Sales must be under \$2.5 million. For more information, go to www.aftermarket.org.

Step 5

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 6

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 7

For your convenience, we accept the following credit cards

- VISA MasterCard

Card # _____

Exp. Date (Required): ____/____/____ Amount: _____

Cardholder _____

Authorized Signature (Required) _____

Step 8

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 _____