

# Application for Membership



**The Automotive Specialty Products Alliance (ASPA) seeks to create a unified forum for the automotive chemical and vehicle appearance product markets.**

**ASPA encourages active involvement in regulatory activities, serves as a resource for technical exchange, and keeps members updated on the latest marketing trends and industry information.**

## Come See What ASPA is All About – Join TODAY!

This company hereby applies for membership in the Automotive Specialty Products Alliance (ASPA). Accompanying this completed application is payment of ASPA membership dues for one year.

We understand that a summary of this application, together with other information submitted herewith, must be reviewed and voted upon by the ASPA Board of Directors. We understand that we will be informed of the results of that vote within a reasonable period of time from the date ASPA receives this application.

We further understand and agree that, if approved for membership, the term of our membership is one year, automatically renewable at prevailing membership dues. Cancellation is required 30 days before the end of the calendar year. We also agree that, as members of ASPA, we will abide by all of the organization’s bylaws.

If this application is not accepted, ASPA will immediately refund the full amount of the dues payment received with this application. If this application is approved, such amount will be payment for the first year of membership.

### Section 1 – Company Information

**COMPANY\***

---

**ADDRESS**

---

*If a P.O. Box, please also list shipping address*

---

**CITY, STATE, ZIP**

---

**PHONE/FAX**

---

**WEBSITE**

---

<p>We certify that our company is a member in good standing of <u>at least one</u> of the following associations (check all that apply):</p>	<p><input type="checkbox"/> Auto Care Association  <input type="checkbox"/> Consumer Specialty Products Assn. (CSPA)  <input type="checkbox"/> Motor &amp; Equipment Manufacturers Assn. (MEMA)</p>
--	---

*\* If this is a parent company with automotive chemical and/or vehicle appearance related subsidiaries or divisions, please list them here:*

---

*\* Conversely, if this company is a subsidiary or division, please list the parent company here:*

---

# Application for Membership



## Section 2 – Company Representative Contact Information

### PRIMARY DELEGATE

NAME

TITLE

PH/FAX

E-MAIL

ADDRESS

*If different*

### TECHNICAL / REGULATORY DELEGATE *(optional)*

NAME

TITLE

PH/FAX

E-MAIL

ADDRESS

*If different*

### ADDITIONAL DELEGATE *(optional)*

NAME

TITLE

PH/FAX

E-MAIL

ADDRESS

*If different*

### ADDITIONAL DELEGATE *(optional)*

NAME

TITLE

PH/FAX

E-MAIL

ADDRESS

*If different*

## Section 3 – Product Information

Please list the principal products manufactured and/or distributed by your company:

## Section 4 – Payment Information

### ASPA Annual Dues\* are based on sales

	Sales Range			Dues
Sales Range A	\$0.00	THRU	\$10,000,000.00	\$2,000.00
Sales Range B	\$10,000,001	THRU	\$30,000,000.00	\$2,500.00
Sales Range C	\$30,000,001	THRU	\$75,000,000.00	\$3,000.00
Sales Range D	\$75,000,001	THRU	\$125,000,000.00	\$3,500.00
Sales Range E	\$125,000,001	and up		\$4,000.00

### PAYMENT METHOD

CHECK

Payable to "Automotive Specialty Products Alliance" is enclosed with this application.

CREDIT CARD *Please charge my*  
 VISA  MasterCard  American Express

Dues Amt to be charged: \_\_\_\_\_

Card #

Exp Date

Name on Card (print)

Signature **X**

*I hereby authorize ASPA to charge dues to the above credit card. Charges will appear on statement as "CSPA".*

**Thank you for your application!** Please return it with payment to the address shown below. Please allow time for the ASPA Board of Directors to review this application.

If you have any questions, please contact Kristin Power by e-mail [kpowers@cspa.org](mailto:kpowers@cspa.org) or call (202) 833-7314.

\* Dues cycle runs annually April 1 to March 31.