

Application for Membership



Automotive Specialty Products Alliance

The below company hereby applies for membership in the Automotive Specialty Products Alliance (ASPA). Accompanying this completed application is a check for one year's dues of \$2,500.00.

Our company is a member in good standing of at least one of the following associations: Automotive Aftermarket Industry Association, Consumer Product Specialty Association, and/or Motor & Equipment Manufacturers Association. We understand that a summary of this application, together with other information submitted herewith, must be reviewed and voted upon by ASPA's 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 association's bylaws.

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

SECTION 1: Company Information

Company: _____

Address: _____

(if a PO Box, please list shipping address as well)

City, State, Zip: _____

Website: _____

If this a parent company with automotive chemical or vehicle appearance related subsidiaries or divisions, please list subsidiaries or divisions.

If this is a subsidiary or division, please list the parent company.

The Automotive Specialty Products Alliance (ASPA) seeks to create a unified forum for the automotive chemical and vehicle appearance product markets. ASPA will encourage active involvement in regulatory activities, serve as a resource for technical exchange, and keep members up-to-date on the latest marketing trends and industry information.

Application for Membership (continued)



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SECTION 2: Contact Information

Please list up to three individuals who will be involved in the Automotive Specialty Products Association. It may be helpful to have representation at an executive level as well as individuals currently involved in marketing and technical activities.

Primary Delegate Name: _____ Title: _____

Company/Address (if different): _____

Phone: _____ Fax: _____

E-mail: _____

Technical/Regulatory Contact: _____

Company/Address (if different): _____

Phone: _____ Fax: _____

E-mail: _____

Additional Contact Name: _____ Title: _____

Company/Address (if different): _____

Phone: _____ Fax: _____

E-mail: _____

SECTION 3: Other Information

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

SECTION 4: Payment Information

A check payable to *Automotive Specialty Products Alliance* for the first year's dues of \$2,500.00 accompanies this application.

Please return this form with your membership dues payment to:

Membership Coordinator, Automotive Specialty Products Alliance

900 17th Street, NW, Suite 300

Washington, DC 20006

Phone: (202) 833-7327

Fax: (202) 872-8114