



Get Connected

PO Box 8196, Springfield, IL 62791-8196
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) _____

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

_____ WWW. _____ (Owner/President) _____
(County) _____ (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
Regular			
	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
Associates			
	CLASS R	ALL	\$275
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

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 |



Get Connected

PO Box 8196, Springfield, IL 62791-8196
217-786-2850 • info@apsail.com • www.apsail.com

Membership Application

(continued)

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 _____