



**CALIFORNIA AUTOBODY ASSOCIATION
MEMBERSHIP APPLICATION**

**555 University Ave, Suite 236 – Sacramento, California 95825
(916) 646-8111 * Fax (916) 646-8113**

Name of Business: _____ Phone: () _____

DBA: _____ Fax: () _____

Type of Business: _____ B.A.R. # _____

Business Address: _____ E-Mail _____

City: _____ State: _____ Zip Code: _____

Individual Representing Business _____

Additional Locations: Name of Business: _____ City: _____ Zip Code: _____

Phone: _____ Fax: _____ Individual Representing Business: _____

Additional Locations: _____ City: _____ Zip Code: _____

Phone: _____ Fax: _____ Individual Representing Business: _____

The California Autobody Association, a nonprofit corporation serves to promote, improve and protect the Autobody industry. I pledge to comply with all rules and standards of the Association and to observe the Code of Ethics of the California Autobody Association. I understand that use of all California Autobody Association logos, signs, decals, emblems and references to membership thereof is allowable only during the period of active membership and I agree that any signs indicating membership in the California Autobody Association shall be the property of CAA and that the California Autobody Association has the right to take possession of such signs upon my resignation or termination of membership.

Date: _____

Signature of Individual Representing Business

Referred by: _____

Chapter: _____ **Annual Dues are \$499 for First Shop Location only & \$50 for Additional Shop Location**

Enclosed is my check for \$499

Mail to:

CAA

P.O. Box 660607

Sacramento, CA 95866-007 or

Fax to: (916) 646-8113

Please charge my _____ Visa _____ MasterCard _____ Amex for \$499

Card Number: _____ Expiration Date _____

Signature: _____

FOR STATE OFFICE USE ONLY

Type: _____ Member No.: _____ Approved: _____ Date: _____

Authorized Representative