



## ASSOCIATE MEMBERSHIP APPLICATION

Please Print or Type

Date

Company Name

Address

City

State

Zip

Phone ( )

Fax ( )

(800)

E-mail Address

Name of Owners, Partners, or Corporate Officers

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Have any of the principal owners named above been convicted of a crime in the past 10 years?

( ) No

( ) Yes

If yes, provide date and details

Name of Manager (s) (if other than owner)

Nature of Business

Signature

Title

Date

Mail application with check for \$395.00 for one year's membership to: Automotive Recyclers of Michigan