



## Automotive Recyclers of Michigan

### ASSOCIATE MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ (800) \_\_\_\_\_

Email \_\_\_\_\_

Name of Owner, 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 the owner \_\_\_\_\_

Nature of Business \_\_\_\_\_

Print Name

Signature

Title

Mail the application with a check made payable to Automotive Recyclers of Michigan for \$395.00 for one year of membership to the address below.