



Automotive Recyclers Association
OF ATLANTIC CANADA

Associate Member Application

FEE: \$350.00 = HST

Associate Member: Any business or group engaged in providing supplies or services to the Automotive Recycling Industry that will serve, advance and benefit the Auto Recycling Industry.

Company: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____ Email: _____

Website: _____ Applicant Name: _____

Member or Association Reference(s): _____

Please provide a brief description of your business, products or services to be used to introduce your company to the ARAAC Membership:

I hereby consent to the release of the above information and specifically authorize ARAAC to receive the above information for purposes of evaluation of this membership application.

Applications missing information or missing payment will be delayed.

Name: _____

Signature: _____ Date: _____

Acceptance as an Associate Member does not constitute an endorsement of any products or services offered to ARAAC or its Direct Members.

**Make cheque payable in full to ARAAC. Submit with this completed form to ARAAC:
134 Langarth Street East, London ON N6C 1Z5 Fax: 1-905-383-1904 Email: araac@execulink.com**