

Membership Application

Connecticut Collision Repair Specialists Association

I submit this application for membership and promise to abide by the Association's By-Laws and Code of Ethics. I understand this application is subject to acceptance by the Association's Board of Directors.

DATE: _____

NAME OF APPLICANT: _____ TITLE: _____

CO-MEMBER APPLICANT: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

TYPE OF BUSINESS:

Collision Repair

Supplier/Manufacturer

Insurance Company

Representative Trainer

SPONSOR: _____

SPONSOR'S COMPANY NAME: _____

Submit application with appropriate check made payable to:

Connecticut Collision Repair Specialists Association

Attn: Lisa Siembab, Executive Director
P.O. Box 1042
Rocky Hill, CT 06067

Type of Application

- General - \$500
- Company - \$750
- Corporate - \$2,500