

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:

- | | |
|--|---|
| <input type="checkbox"/> Collision Repair | <input type="checkbox"/> Supplier/Manufacturer |
| <input type="checkbox"/> Insurance Company | <input type="checkbox"/> 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

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | General - \$500 |
| <input type="checkbox"/> | Company - \$750 |
| <input type="checkbox"/> | Corporate - \$2,500 |

Connecticut Collision Repair Specialists Association is proud to be an affiliate association of the Society Collision Repair Specialists, the largest national association in the United States that solely represents the interests of collision repairers.

