



## Associate Membership Application

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

Address \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

What is your product line or service in the automotive industry?

\_\_\_\_\_

Annual Associate Membership Fee: \$225

Please submit payment to:

MADA/Serv, Parts & Collision Council

Attn: Mike Olson

200 Lothenbach Avenue

West St. Paul, MN 55118

Any questions, please contact Mike Olson at [mike@mada.org](mailto:mike@mada.org) or 651-789-2943.

**Thank you for your membership!**