



Midwest AUTO CARE ALLIANCE

Shop Member Application

Contact Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (_____) _____ Fax (_____) _____

Web Site Address _____ E-Mail Address _____

Do you have multiple Shop locations? Yes No If yes, how many? _____ Contact Cellphone _____

Do we have permission to fax you info? Yes No Text you info? Yes No Email you info? Yes No

Home Address: _____ City: _____ State: _____ Zip: _____

Contact's Date of Birth: _____ Spouse Name: _____ Does spouse work for business? Yes No

Spouse Email (if they work for business) _____ Owner's name (if not the contact listed) _____

Division: Mechanical/Transmission Heavy Duty Collision Date You Started in Business: _____ Number of Employees: _____

Annual Gross Sales: Under \$100,000 \$250,000 - \$500,000 \$750,000 - \$1,000,000 Do you have a valid business license? Yes No

\$100,000 - \$250,000 \$500,000 - \$750,000 More than \$1,000,000 Do you have liability insurance? Yes No

How did you hear about MWACA? Email Social Media VISION Vendor Shop Owner Do you have a commercial location? Yes No

REFERENCES: Please list two (2) industry references (area shop owner or vendor sales person): Do you have a sales tax license? Yes No

(1) Name: _____ Title: _____ Company: _____ Phone: _____

(2) Name: _____ Title: _____ Company: _____ Phone: _____

Select the area in which you are located:

MISSOURI: Kansas City Springfield/Branson/Joplin Central Missouri St. Louis
 KANSAS: Lawrence/Topeka Wichita IOWA: Des Moines Quad Cities Cedar Rapids Council Bluffs /Omaha Southeast Iowa
 ARKANSAS: Little Rock Northwest Arkansas OKLAHOMA: Oklahoma City Tulsa
 MEMBER AT LARGE: (for shops not located in one of the areas listed above)

Annual Dues \$ 275 / year
 If paying dues by check, please mail application & check payable to MWACA to the address below

Card Type: Discover MasterCard Visa (American Express not accepted)

Credit Card Number: _____

Expiration Date: _____ / _____ CID Code: _____

Name as it appears on credit card (please print): _____

Credit card billing address, including city, state and zip (if different than shop): _____

MWACA Signage

Add 18"x24" aluminum sign for only \$25
 Save \$15 by ordering now! Reg \$40 each

Please keep this credit card on file and use for my annual membership billing, as well as other requested charges.

By signature below, I am applying for membership in the Midwest Auto Care Alliance. If accepted, I agree to abide by their Code of Ethics (found at www.mwaca.org). I authorize MWACA to charge my credit card as listed above for my annual membership dues. I understand that my membership will remain active until MWACA has received my written termination notification by mail or fax and such notice will become effective at the next renewal term. I agree to notify MWACA if alternative payment arrangements need to be made prior to terminating this agreement. I understand that membership dues may be deductible as a business expense for Federal income tax purposes and are not eligible as a charitable contribution. Membership dues are non-refundable and non-transferable. I also understand that the MWACA logo is a registered trademark and the property of MWACA and must be used in accordance with the MWACA Signage and Logo Policy. Should I discontinue my MWACA membership, I agree to immediately cease use of the logo and remove any signage indicating that I am a member.

Signature: _____ Date: _____

Midwest Auto Care Alliance
 5950 North Oak Trafficway, Suite 201, Gladstone, MO 64118
 816.413.9800 816.817.2260 (fax)
 info@mwaca.org www.mwaca.org

FOR OFFICE USE ONLY

Join Date: _____
 Billing Start Date: _____
 Next Bill Date: _____
 Enrolled By: _____