



MISSION

To educate, inform and represent the collision repair professional in all aspects of the industry

VISION

To promote, support and encourage exemplary businesses committed to the future of the collision repair industry, while providing the visibility and leadership needed to raise the professional image of the industry and advance the business conditions of those whom we represent.

Society of Collision Repair Specialists Group Affiliate Association - Member Application

We, the following listed state or regional association, submit this application for Group Affiliate Association Membership, copy of the applicant's current By-Laws, Affiliate Association Profile and agree to abide by the Society of Collision Repair Specialists By-Laws; copy of the By-Laws can be requested prior to execution of this application.

Please return this application with billing information (Annual dues are \$350.00; first year's dues are prorated, in order to submit a check with application, please contact the administration office at the following contact options for the prorated amount.

Should you have any questions, contact us at the Administrations Office at toll-free phone (877) 841-0660 or (877) 851-0660 or info@scrs.com. SCRS Executive Director Aaron Schulenburg can be reached at (302) 423-3537 or aaron@scrs.com.

PLEASE NOTE: SCRS reserves the right to review applicant's By-Laws, Articles of Incorporation or other governing documents for any potential conflicts of interests.

Association Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Contact Person: _____ Title: _____

Main Contact Person Phone: () _____ Fax: () _____

Website Address: _____

General Association Information:

Year Founded: _____ State(s) or area(s) covered: _____

Date: _____ Authorized Signature Agent: _____ Title: _____

RETURN COMPLETED FORMS TO:
SCRS Administrative Office
P.O. Box 909, Prosser, WA 99350
or Fax to 877-851-0660



Return via Mail: PO Box 909, Prosser, WA 99350
Or Fax to: 877-851-0660

AFFILIATE ASSOCIATION PROFILE

Association Name:

Acronym: _____

Web Address: _____

Mailing Address: _____

Email: _____

Phone: (___) - ___ - ____

Cell: (___) - ___ - ____

Fax: (___) - ___ - ____

Point of Contact Person:

Mailing Address: _____

(if different than above) _____

Email: _____

Phone: (___) - ___ - ____

Cell: (___) - ___ - ____

Executive Director:

Mailing Address: _____

(if different than above) _____

Email: _____

Phone: (___) - ___ - ____

Cell: (___) - ___ - ____

Current Chairman/President: (circle one)

Email: _____

Phone: (___) - ___ - ____

How often do you re-elect the Chairman/President? _____

Continue on Page 2

Executive Board Members:

If this info is listed on your website do not complete this section and just check box.

NAME	TITLE	EMAIL

Number of Collision Repair Members: _____

Year Founded: _____

Meeting Schedule Specifics: _____

Monthly Every-Other Month Quarterly No Set Schedule

Annual Tradeshow or Event Title:

Name: _____ Date of Event: ____/____/20____

Association Publications (title): _____

Type: Magazine, Newsletter or Other

Publication Schedule: Weekly Bi-Weekly Monthly Quarterly Annual

Distribution Method: Mailed Emailed

Can SCRS receive a complimentary copy? Yes / No

(Distribute to: Aaron Schulenburg, 307 India Dr., Smyrna, DE 19977 or aaron@scrs.com)

Other Industry Groups You Are Affiliated With:

Describe the greatest values your association obtains from your affiliation with SCRS:

List any areas where you would like to see SCRS retain more focus on:

Any additional comments you would like to make?
