



Great Lakes Automotive Association
MEMBERSHIP APPLICATION
2010

Email: exdir@glauto.org

www.glauto.org

Business Name: _____

D.B.A.: _____

Street Address: _____ P O. Box: _____

City/State/Zip: _____

Owner(s): _____

Contact Person: _____ Title: _____

Phone Number: () _____ Fax: () _____

Email: _____ www. _____

Year Business Founded: _____ Number of Employees: _____

Nature of Business (check all that apply):

Auto Body & Repair Alignment & Frame Repair

Auto Service & Engine Repair Car Stereo & Engine Repair

Wholesale Parts Car Wash or Detail Shop

Retail Parts Upholstery Repair

Auto Glass Installation Other: _____

Estimated Annual Sales: _____

Are you a member of other trade associations? Yes _____ No _____

If yes, please name: _____

State Auto Agency/Agent: _____

Phone: _____ Email: _____

Annual membership fee of \$190 is due upon application and is nonrefundable.

Please make check payable to: Great Lakes Automotive Association.

Signature: _____ Title: _____ Date: _____

Please complete and mail with your check to:

Great Lakes Automotive Association
ATTN: Executive Director
PO BOX 538
Somerset, WI 54025

Phone: 616-862-9037
Email: exdir@glauto.org