



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 Company Membership Application

Company Name: _____

Contact Person: _____ Title: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ No. of Locations _____

Website: _____ E-mail: _____

State/Geographical Area Covered: _____

Amount Enclosed: _____ Sponsor: _____

Authorized Signature: _____ Title: _____ Date: _____

Company Membership:

\$1,250 Annual Dues

Form of Payment:

- Bill Me
- Check
- Credit Card

Credit Card #: _____ Signature: _____ Exp. Date: _____

Return this application with payment or billing instructions to:

**SCRS
P.O. Box 909, Prosser, WA 99350
Toll Free (877) 841-0660, Fax (877) 851-0660**

We submit this application for Company Membership and agree to abide by the Society's Bylaws.