



**The 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.