



**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.