

MISSION STATEMENT

The Society of Collision Repair Specialists is committed to the future of the collision repair industry: to provide the leadership needed; raise the professional image of the individual and the industry; and develop new leaders to carry forward. Our goal is to educate, inform, and represent the Collision Repair Professional in all aspects of the industry.

VISION STATEMENT

Our Vision of this industry is one:

where every business within the industry is treated as a knowledgeable, trustworthy professional worthy of respect, with every employee, manager, and owner contributing to insure that their integrity in action and deed is upheld;

where every employee has the education and training to provide a quality, timely repair on every vehicle thereby receiving the respect of peers, employers, and customers;

where every customer receives a quality, timely repair at a fair and reasonable price by the professionals who made the repairs as well as the professionals who administered the claim;

where every insurer believes they have received a quality repair at a fair settlement for quality work in a reasonable time, and in a respectful manner due any professional relationship;

where all services that are performed are paid for and all services paid for are performed;

and where ethics and morals, respect and appreciation are the norm not the exception.



Join Us . . .

Together We Make A Difference!

Membership Dues:

- \$300 General Member -or-
 \$1,000 Platinum Member

Members receive Industry News, All-Member Mailings, Annual Reports, Business Assistance plus opportunities to be involved in your future.

MEMBERSHIP APPLICATION

COMPLETED APPLICATIONS CAN BE FAXED TO: (877) 851-0660
OR MAILED TO: SCRS • PO BOX 909 • PROSSER, WA 99350



NAME OF COMPANY: _____

NAME OF APPLICANT: _____ TITLE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

E-MAIL: _____ WEBSITE: _____

MEMBER OF STATE ASSOCIATION: _____

SPONSOR: _____

SIGNATURE: _____ DATE: _____

FORM OF PAYMENT:

- Check MasterCard VISA Amex Invoice Me!

Name (as appears on card): _____

Card No.: _____ Expires: _____

Signature: _____ Date: _____