



# Membership Application

*Please Print or Type*

Company Name \_\_\_\_\_

Owner Name #1 \_\_\_\_\_ Owner Name #2 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Website \_\_\_\_\_ Fax # \_\_\_\_\_

Fed Tax ID # \_\_\_\_\_ Email \_\_\_\_\_

Storm Water Permit # \_\_\_\_\_ Billing Contact \_\_\_\_\_

NMVTIS ID #: \_\_\_\_\_ Billing Contact phone \_\_\_\_\_

Specialize in (check all that apply) Full \_\_\_ Self Service \_\_\_ Billing Contact email \_\_\_\_\_

L/D trucks \_\_\_ Foreign \_\_\_ Domestic \_\_\_ Cars only \_\_\_ Date Business Started \_\_\_\_\_

**LICENSES HELD** (PLEASE CHECK ALL THAT APPLY) # Employees \_\_\_\_\_

- Highway Beautification  
  PA Salvor  
  WL Tag  
  RT (Repair towing tag)  
  Used Car Dealer

As a PARTS member, I will abide by the By-laws and Code of Ethics of the Pennsylvania Automotive Recycling Trade Society and support its objectives. I attest that no one listed above has ever been convicted of any felony or found in violation of laws arising from fraudulent acts in connection with dealing in motor vehicle or motor vehicle parts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## METHOD OF PAYMENT

**PARTS Annual Dues are \$510 and can be paid by check or credit card.**

- Check (Made payable to "PARTS")  
 Visa    Master Card    Discover    American Express

**If paying by credit card, Please contact Kay to pay by secure online platform.**

**717-458-8266**

### For Credit Card Payments

1. Keep a copy of this form as your receipt.
2. Charge will appear as "PARTS" on your credit card statement.

When paying by check, return your application to: PARTS, P.O. Box 1071, Mechanicsburg, PA 17055.

[Kay@parts.org](mailto:Kay@parts.org)   717-458-8266