

NORTHWEST LOUISIANA COLLISION REPAIR ASSOCIATION

Application for Membership

Date: _____

Company Name: _____

Company Address: _____

Phone: _____ Fax: _____

Dedicated Fax Number Yes No

Email: Address: _____

Your Name: _____

Monthly Newsletter should be sent to:

Type of Business:

Dealer _____ Independent _____ Body Shop _____ Frame _____ Mechanical _____

Parts _____ Insurance Co. _____ Appraiser _____ Adjuster _____ PBE Jobber _____

Other _____ Describe _____

Years in Automotive Industry _____

If selected, I will make every effort to attend periodic meetings, contribute my knowledge, thoughts, and cooperation, to the best of my ability, to promote professionalism within the collision repair industry in this area. I also understand that this organization is not for discussing or promoting pricing or any other area which could be in violation of the Sherman Anti-trust Laws.

Signed: _____

Date: _____

Membership dues of \$50.00 per year, per person should be mailed to:

Northwest Louisiana Collision Repair Association
P. O. Box 78375
Shreveport, LA 71137-8375

Memberships are NON-TRANSFERABLE and NON-REFUNDABLE!