

**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 7161  
Shreveport, LA 71137-7161

**Memberships are NON-TRANSFERABLE and NON-REFUNDABLE!**