



American Salvage Pool Association Associate Member Application
For Those Engaged in Business Supporting the Total Loss & Property Industry

Suite 700 – PMB 321 ☐ 2900 Delk Rd ☐ Marietta, GA 30067
Ph 678-560-6678 ☐ Fax 678-560-9112 ☐ natalie@aspa.com ☐ www.aspa.com

GENERAL INFORMATION

Company Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Representative _____ Title _____
Telephone () _____ Fax () _____ Toll-Free () _____
E-mail _____ Website _____

Please describe the purpose of your business and its relation to the salvage industry _____

DUES AGREEMENT

Associate Member Annual Dues: \$300.00
Note: Associate members are non-voting members.

Check – Payable to ASPA Suite 700 – PMB 321 2900 Delk Road Marietta, GA 30067	OR	VISA M/C Billing Street # _____ Credit Card # _____ Expiration Date _____	Discover AmEx Billing Zip Code _____ Sec Code _____
---	-----------	--	---

ASPA APPROVAL* (Office Use Only)

**Membership effective upon President's Approval*

Date Application Received _____
Date Application Approved _____
President's Signature _____
Membership Information Processed: _____ Date _____ By _____
Membership Status Acknowledgement: _____ Date _____ By _____

Questions on completing this form?

Please contact Natalie Nardone at ASPA Headquarters by phone at 678-560-6678 or email at natalie@aspa.com