



# American Salvage Pool Association Member Application

ASPA...Professional Re-Marketing Connection

Suite 200 C - PMB 709 □ 2100 Roswell Road □ Marietta, GA 30062

Ph 678-560-6678 □ Fax 678-560-9112 □ [natalie@aspa.com](mailto:natalie@aspa.com) □ [www.aspa.com](http://www.aspa.com)

## GENERAL INFORMATION

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

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

Owner \_\_\_\_\_ Manager \_\_\_\_\_

Who will be the voting representative of your pool, partnership or corporation? \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Toll-Free ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Year Pool Established \_\_\_\_\_ Open (days) \_\_\_\_\_ (hours) \_\_\_\_\_ Units Sold Per Month \_\_\_\_\_

Nearest Major City and Geographical Area Served: \_\_\_\_\_

Are you the owner or part owner of another Salvage Pool?  Yes  No

(If **yes**, please photocopy this form and fill out separate application for each **additional** pool..)

## METHOD OF SALE

Auction Day \_\_\_\_\_ Time \_\_\_\_\_

Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

Sealed Bids Day \_\_\_\_\_ Time (bids close) \_\_\_\_\_

Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**Please attach your results sheet for your last four (4) sales.**

Are you an owner or operator of a salvage yard, body shop or other salvage pool related business?

Yes  No  If Yes, please explain: \_\_\_\_\_

## OTHER INFORMATION

Names of three (3) largest insurance companies you are doing business with:

1. \_\_\_\_\_

Name Contact Phone Number

2. \_\_\_\_\_

Name Contact Phone Number

3. \_\_\_\_\_

Name Contact Phone Number

Are your payments to insurance companies within 30 days of sales/award date?  Yes  No

Are you required to provide bond?  Yes  No

If yes, please list below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Has any bond application ever been rejected?  Yes  No

Are you required to have a license to operate in your state?  Yes  No

If yes, what type of license? (Please attach a copy) \_\_\_\_\_

Has it ever been revoked?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had a business or personal bankruptcy?  Yes  No

If yes, please explain \_\_\_\_\_

## APPLICATION REQUIREMENTS OF REGULAR MEMBERS

1. Applicant/  
member

should be in good or acceptable financial condition, should not have a bad credit history and should have no history of bankruptcies. The ASPA Board of Directors reserves the right to inquire into the financial history of both applicants and current members to determine acceptability for membership.

2. Regular members shall consist of persons, firms or corporations that own, lease or control a business location and a storage facility to conduct the business of auctioning total loss vehicles and/or heavy equipment, obtained from insurance companies and other related sources. Regular members shall be licensed to auction total loss vehicles and/or heavy salvage equipment as required by state or local statutes. Regular members of ASPA shall consist of those auto salvage disposal pools that conduct the disposition of salvage in a manner which allows all qualified buyers (individual state statutes may vary) to participate in the various auction procedures, to include, but not limited to, live bid, sealed bid and internet bid, as well as other various procedures that technology may produce.
3. Applicant must be recommended by at least three (2) "A" rated insurance companies with whom they are doing business and must be in good standing with each.
4. Applicant must present copies of state required license(s) for salvage pool operation where applicable.
5. Applicant's check for initiation fee must be submitted with application. If not accepted, this fee is refunded. If accepted, fee is applied as credit to next convention registration fee.
6. Applicant must be current in payment to any insurance company on monies owed.
7. Applicant authorizes ASPA to investigate said applicant's background.
8. Applicant must not have any prior felony convictions.
9. ASPA reserves the right to refuse membership to any applicant not in compliance with application requirements, for misrepresentation, false or fraudulent statements or for any reason found in background check that may be detrimental to or not in the best interest of ASPA.
10. If an applicant's application is rejected, the applicant may apply for a hearing before the Board or committee established by the Board for such purposes in accordance with the rules established by the Board or such committee for such purposes.

**DUES AGREEMENT**

**Initiation & Research Fee:**

**\$500 for primary/only location**

Regular Membership Annual Dues (will be invoiced upon acceptance):

_____ Sold under 3,999 units last year	\$900 for primary/ only location
_____ Sold 4,000-5,999 units last year	\$1,350 for primary/ only location
_____ Sold 6,000-7,999 units last year	\$1,800 for primary/ only location
_____ Sold 8,000-11,999 units last year	\$2,400 for primary/ only location
_____ Sold 12,000-17,999 units last year	\$3,200 for primary/ only location
_____ Sold 18,000-23,999 units last year	\$4,000 for primary/ only location
_____ Sold 24,000-31,999 units last year	\$4,800 for primary/ only location
_____ Sold over 32,000 units last year	\$5,600 for primary/ only location
_____ Number of Satellite/Subsidiary Pools	\$700/each additional location

**Total Amount Enclosed:**

**\$500.00**

Please make check payable to **ASPA** and mail to:

Suite 200C - PMB 709  
2100 Roswell Rd  
Marietta, GA 30062

Your signature on this application signifies adherence to the ASPA Code of Ethics and grants permission for ASPA to request credit data and inquire about your business practices.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires