



APPLICATION FOR MEMBERSHIP
Independent Automotive Professionals Association

A non-profit Corporation
Post Office Box 6953
Santa Barbara, California 93160-6953
805-564-1980

Membership Type: Regular
Associate
Educator
Technician
Retired

Types of Services: Mechanical
Autobody
Transmission
Parts—Retail or Wholesale
Education
Equipment

IAPA Representative: _____

Business Name: _____	ARD#: _____		
Contact Name: _____			
Business Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
FAX: _____	email: _____		
Type of Entity: Individual Proprietorship Partnership Corporation LLP Franchise			

I, the undersigned, am applying for membership in the **INDEPENDENT AUTOMOTIVE PROFESSIONALS ASSOCIATION (IAPA)**. I agree to abide by the Bylaws, Pledge of Ethical Responsibilities and all other policies of the association as duly promulgated by its Board of Directors, including those related to guarantees and advertising. It is expressly understood that as a condition of membership, I shall stand behind the services I perform and the products I sell in accordance within accepted industry customs or standards.

I will not display IAPA signs, emblems, decals if not a current member of the association. It is understood, I will not be entitled to IAPA member benefits, bonuses, rebates or other financial benefits unless I am a member in good standing at the time they are distributed. Further, I understand that until further written notice, I consent to receive facsimile and/or e-mail messages and solicitations from IAPA, related to foundations, for-profit subsidiaries and members to the fax number and email address listed on this application.

I also understand and accept that my application for membership in the IAPA is contingent upon the approval of the association Board of Directors. If my application is not accepted by the IAPA, I will be entitled to a 100% refund of any dues or fees collected within 60 days from the date of this application.

I understand that my total annual dues are currently \$_____. I further understand the amount I have included with this application covers my entry fee of \$_____ and dues of \$_____ for the next ___ months of dues for a total of \$_____ and the association will bill me in advance for the remainder of the annual dues. _____(applicant initials)

Independent Automotive Professionals Association

PLEDGE OF ETHICAL RESPONSIBILITY

WE PLEDGE

1. To create goodwill between the motoring public and the automotive profession;
2. To create an atmosphere of personal responsibility to their clients;
3. To create an automotive repair facility that performs excellent quality repairs and service;
4. To create an automotive repair facility that attracts the most highly skilled employees in the marketplace;
5. To use automotive parts that are manufactured as high quality and sold by reputable firms;
6. To create estimates and invoice documentation that complies with the laws and regulations of any state where the member conducts business;
7. To create a system to retain all parts replaced for client inspection, if so requested; at the time of the initial estimate;
8. To create an atmosphere of high standards within the automotive profession and find ways to correct abuses within;
9. To promote a high level of integrity for all association members;
10. To use marketing which is clear and unlikely to mislead the public.

I the undersigned hereby have read and understand the terms of this application and will abide by the IAPA's Bylaws, Pledge of Ethical Responsibility and policies to remain a member in good standing.

I also accept and understand that any member of the IAPA has the right to level accusations against another member of the association for violating the Pledge of Ethical Responsibility, providing said accusations are made in writing and signed.

I also understand that should another member accuse me of one or more of the Pledge of Ethical Responsibility violations, I will be afforded due process in the resolution of the accusations, in accordance with the policies and procedures of the IAPA. When accepted by the Board of Directors, this application will become part of the terms of my membership.

Signed: _____ Date: _____

Check #: _____ Amount Submitted: _____