



Automotive Parts Remanufacturers Association

2010 Membership Application

Name _____

Title _____

Company _____

Street Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Work Phone _____

FAX _____

E-mail _____

Company Website _____



Automotive Parts Remanufacturers Association 2010 Invoice for Manufacturer Representative Members

Check the products that you supply

(This will be used by the "Product Search" on the APRA website and is in addition to your written company description.)

Anti-Lock Brake Systems	Drive Shafts	Rectifiers
Air Conditioners	Distributors	Rotors
Alternators	Electronic Control Modules	Starter Drives
Armatures	Engines	Speedometers
Air Brakes	Engine Parts	Solenoids
Brake Cylinders	Fan Clutches	Smog Pumps
Ball Bearings	Fuel Injectors	Starters
Brake Shoes	Fuel Pumps	Stators
Heavy Duty Vacuum Brakes	Front Wheel Drive Axles	Throttle Body Injectors
Calipers	Generators	Torque Converters
Carburetors	Master Cylinders	Transmission Parts
Cruise Control	Oil Pumps	Transmissions
Cylinder Heads	Power Brake Units	Turbochargers
Clutches	Power Steering Gear	Voltage Regulators
Crankshafts	Power Window Motor	Wiper Motors
Constant Velocity Drive Shafts	Power Steering Pumps	Water Pumps
Differentials	Rack & Pinion Steering Units	*Other (list products on line below)

*Other: _____

List the countries that you market your product in: _____

Please check the APRA Divisions you wish to belong to:	
<input type="checkbox"/>	A/C
<input type="checkbox"/>	Brake
<input type="checkbox"/>	Heavy Duty Brake
<input type="checkbox"/>	Clutch
<input type="checkbox"/>	Racks
<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Electronic & Mechatronic
<input type="checkbox"/>	Volume Transmission
<input type="checkbox"/>	Heavy Duty Transmission

MANUFACTURER REPRESENTATIVE MEMBERSHIP INVESTMENT				
	Annual Dues	10% VDF*	Total	
Company Dues	\$280.00	\$28.00	\$308.00	
BRANCH Dues**	\$250.00	\$25.00	\$275.00	
APRA Membership Directory	Logo & Bold Listing		\$275.00	
	Bold Listing Only		\$125.00	
			Total Due:	

*Voluntary Defense Fund

** Provide name of parent APRA member company _____

I want to pay monthly by credit card. Please contact me by phone at _____

Paid by: Check (Payable to APRA in U.S. funds) **Charge my:** Visa MasterCard AmEx

Card Number: _____ *Security Code: _____ Exp. Date _____

* Visa/MC: 3 digits on back of card; AMEX: 4 digits on front of card

Print Cardholder's Name _____

Signature _____

Contributions or gifts to APRA are not tax-deductible as charitable contributions.
However, they may be tax-deductible as ordinary and necessary business expenses.