



Auto & Truck Recyclers of Illinois

APPLICATION FOR MEMBERSHIP

- PLEASE PRINT OR TYPE -

Business Name: _____

Contact Name: _____

City: _____ County: _____ State: _____ Zip: _____

Type of Business Activities, Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Recycler | <input type="checkbox"/> New Parts | <input type="checkbox"/> Body Shop |
| <input type="checkbox"/> Automotive Mechanics | <input type="checkbox"/> Towing | <input type="checkbox"/> Import Vehicles |
| <input type="checkbox"/> Domestic Vehicles | <input type="checkbox"/> Light Trucks | <input type="checkbox"/> Other |
| <input type="checkbox"/> Investment | | |
| <input type="checkbox"/> 1-4 Employees, \$250/yr | <input type="checkbox"/> 5-9 Employees, \$375/yr | <input type="checkbox"/> 10+ Employees, \$500/yr |
| <input type="checkbox"/> Associate, \$250/yr | | |

Amount Remitted: _____

Mail Completed Form to:
Auto & Truck Recyclers of Illinois
2817 White Plains Ct.
Springfield, IL 67204

Fax.....815.744.2277
Email.....IllAutoRecyclers@aol.com
Questions.....877.880.2874