

Automotive Aftermarket Retailers of Ontario
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MEMBERSHIP APPLICATION VOTING MEMBER

BUSINESS NAME: _____

LEGAL NAME: _____

BUSINESS ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

WEB ADDRESS: _____

E-MAIL: _____

PERMISSION TO E-MAIL ASSOCIATION INFORMATION: YES, I DO CONSENT NO, I DO NOT CONSENT

SENIOR OWNER: _____

PARTNER NAME: _____

Check (✓) just one category below – the one that best describes your predominant business.

<input type="checkbox"/> MECHANICAL REPAIR [] General Repair [] Specialty Repair [] Other	<input type="checkbox"/> COLLISION REPAIR SHOP [] Independent [] Dealership [] Franchise
<input type="checkbox"/> GAS BAR/CAR WASH [] Owner Operated [] Agency Operated [] Other _____	<input type="checkbox"/> RECYCLER & DISMANTLER
<input type="checkbox"/> DETAILER	<input type="checkbox"/> USED CAR DEALER
<input type="checkbox"/> HEAVY DUTY TRUCK REPAIR	<input type="checkbox"/> TOWING
	<input type="checkbox"/> OTHER _____

AARO GST REGISTRATION NUMBER – R106678683

ANNUAL: \$570.65 (Inc. \$65.65 hst)

MONTHLY PAP: \$55.60 (Inc. \$6.40 hst)

.....
(Member Signature)

.....
Date (mm/dd/yy)

Cardholders Name: _____

Credit Card Number: _____ - _____ - _____

Expiry Date: ____/____/____ Validation # _____

Cardholders Signature: _____