



Repair Shop Membership Application

Service Specialists Association

Membership Dues: \$750/Year

Please fill out this form, either electronically or by hand. Electronic copies can be emailed to Randy.Brothers@Wade-Partners.com. Paper copies can be mailed, along with your check for \$750 made payable to "Service Specialists Association", to the following address:
SSA Membership Application • 160 Symphony Way • Elgin, IL 60120 (Ph:847-760-0067 Fx: 630-672-7418)

Primary Business Location

(See next page for branch locations.)

Your Name: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ What year was your business founded? _____

eMail Address: _____

Website URL: _____

In the box below, please list below the names of individuals who represent your company at this location.

Business Category

To become a member of SSA, your business must meet the qualifications in one of the two categories below. Please check one of the two boxes below. If you qualify in both categories, please select only one.

Suspension Repair Shop

Regularly engaged in maintenance and repair of suspension, brakes, undercarriage and alignment of class 4-8 vehicles. In business at least one year, with minimum of 2 technicians providing drive-in service. Redistribution of parts less than 50% of total sales.

CHECK HERE
if you are applying as a suspension repair shop.

General Repair Shop

Regularly engaged in the maintenance and repair of commercial vehicles which are neither owned, leased nor sold by the applicant. In business at least one year, with minimum of 4 technicians and 4 service bays. Purchase at least one-third of parts directly from manufacturers, Redistribution of parts less than 50% of total sales.

CHECK HERE
if you are applying as a general repair shop.

What services do you offer? (Please check all that apply.)

Suspension Repair/Replacement

Truck Parts Sales

Alignment

Frame Repair

Brakes

Other (use box below to describe)

Supplier References. In the box below, please provide at least two supplier references, people who can recommend your company for membership in SSA based on purchase requirements, equipment, personnel and services.

Feedback. In the box below, please tell us what your goals are in joining SSA. What services would you like to see us provide? What problems can we help you with? We'll use this feedback in our ongoing efforts to improve our organization.



Branch Locations

(Use extra sheets if necessary.)

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Phone: 847-760-0067 Fax: 630-672-7418

Branch Business Location

Branch Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ What year was your business founded? _____

In the box below, please list below the names of individuals who represent your company at this location.

Branch Business Location

Branch Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ What year was your business founded? _____

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