



## Membership Application

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Would you like information about the Direct Link/Hotlines Circuit \_\_\_\_\_

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PLEASE RETURN COMPLETED APPLICATION ALONG WITH A COPY OF  
YOUR CURRENT CLASS THREE LICENSE TO:

AUTOMOTIVE RECYCLERS OF MASSACHUSETTS, INC.  
P.O. BOX 1030  
SOUTHBRIDGE, MA 01550

**Annual Dues: \$250**

Please include a check payable to A.R.M.