



Membership Form

Company Name _____

Primary Contact _____

Business Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Website _____

Year Business Was Established _____ # of Employees _____

Please remit payment of dues, according to this dues structure.

- 0-3 employees _____ \$250
- 4-8 employees _____ \$450
- 9-14 employees _____ \$650
- 15 and over _____ \$850
- Associate _____ \$500.**

Iowa Collision Repair Association
114 N.W. 5th Ste 201 Ankeny, Iowa 50023

(An associate is any industry segment that is not a collision repair shop)

If, in your life as an industry member, there was ever a time to belong to an association, it is now. As a member of the ICRA, you will have a voice in shaping our industry's future as it changes almost instantly. Your voice is critical, please join today.

Please mail your check today, or go to www.iowacra.com and pay on line,
fax credit card information to the ICRA office, or fill out sheet and mail.

Credit Card Type _____ Card Number _____ Exp. Date _____

Fax to ICRA 515- 964-0468

Iowa Collision Repair Association | 114 N.W. 5th Suite 201 Ankeny, Iowa 50023-1742

Any questions, comments, suggestions, please call Janet Chaney 480.720.2565

STRENGTHENING THE INDUSTRY

www.iowacra.com