



ATSSA Request For Membership

Name: _____

Address (street) _____

Address (city/town) _____

Address (postal code) _____

Phone (business) _____

Phone (home) _____

Fax _____

Email _____

Company Name _____

Position/Title _____

Length of Service _____

Membership Type Regular___ Associate___ Affiliate___

Sponsored By _____

Please supply fax, email address, and sponsored by, otherwise write N/A in these areas. For more information on membership types go to www.atssa.oga and look at membership types.

Please mail the completed form to:

Request For Application
Automotive Transportation Service Superintendents Association
P.O. Box 102,
Hillsburgh, ON
N0B 1Z0