



MABA
P.O. BOX 850210
Braintree, MA 02185
Phone: 617-574-0741
Email: admin@aaspma.org

Membership Application 2026-2027

Please complete this form and return to our office via mail or email with your dues payment. Thank You!

BUSINESS INFORMATION

Massachusetts Shop Registration # _____ Total number of Staff (Techs, office, Mgrs) _____

Company's Official Name: _____

Business Physical Address: _____

Business Mailing Address (If Different): _____

Telephone Number: (____)-_____-_____ Fax: (____)-_____-_____

DUES STRUCTURE. Collision Shop Annual Dues: **\$650 / 12 Months***



SCAN TO JOIN!

PRIMARY BUSINESS CONTACT

Name: _____

Email: _____

As a member in good standing, your shop WILL BE listed on our website. [Click here](#) if you do not want your shop listed on our website map for potential customers to find you. If you have any questions about this benefit, call (617) 574-0741, ext. 1.

Yes Please send me information regarding the following MONEY SAVING BENEFITS:

Healthcare plan Dental, Vision plan PFML savings program Credit card processing
 Grant writing/training Google presence optimization All benefits

PLEASE ENCLOSE PAYMENT WITH YOUR MEMBERSHIP APPLICATION

Check# : _____ (IF collision shop please note your RS# on the memo line of the check) OR

CC #: _____ EXP: _____ / _____ CID: _____

Billing Address: _____

Name On Card: _____ Signature: _____

[Click here](#) to opt out of auto renewal using this credit card information for future renewal

Note: A 4 percent convenience fee will be charged for membership renewal via credit card transaction

I hereby make this application for membership with the Massachusetts Auto Body Association (MABA) for membership dues 2026-2027 as provided for in this contract.

***Membership Dues are for a twelve-month period commencing on your anniversary month of membership.**

REV 12/25 REFERRED BY _____ COMPANY _____