



MABA  
P.O. BOX 850210  
Braintree, MA 02185  
Phone: 617-574-0741  
Email: [admin@aaspmma.org](mailto:admin@aaspmma.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: \_\_\_\_\_

[Check 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 \_\_\_\_\_