

# HAMPTON ROAD AUTOBODY ASSOCIATION

## Membership Application

**OBJECTIVES:** Dealerships and Shops to cooperate together for the purpose of a professional and profitable organization; to promote harmony and cordial business relationships; to establish a more common ground for better understanding between Insurance Companies, Shops, Vendors, and Consumers.

Date \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax \_\_\_\_\_

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

Business type: \_\_\_\_\_ Yrs. In Business \_\_\_\_\_

Dues: \$220.00 a year / \$200.00 if paid by January 31<sup>st</sup>

Make check payable to: HRAA (Hampton Roads Autobody Assn.)

Mail payment to: HRAA (Hampton Roads Autobody Assn.)  
c/o Carol Dail, Treasurer  
1025 Sippel Drive  
Chesapeake, Va. 23320

Phone: 757-544-6120

Fax: 757-623-9284