



Carolina Auto Recyclers Association Membership Application

Applicant Name _____

Company Name _____

Address _____

PO Box _____

City _____ State _____ Zip _____

Phone (_____) _____

E-mail _____

Web Site _____

Owner(s) Name(s) _____

Years in Business _____

Is the Dismantling/Recycling business the owner's chief source of income? Yes No

Membership Category: Dismantler/Recycler _____ Vendor/Supplier _____

Referred by _____

Dues - Dismantler/Recycler - \$200.00 per year (includes registration at the annual conference)

Vendor/Supplier - \$200.00 per year

Amount Due \$ _____ Check Enclosed Charge card

Credit Card Number _____

Expiration Date _____ CVV _____

Name on Card _____ Billing Zip Code _____

Request a Secure payment link sent to you via CAR _____

Complete and Mail to: CAR, PO Box 538, Four Oaks, NC 27524

treasurer@carolinaautorecyclers.com Questions – Call – 919-915-7288