

MEMBERSHIP APPLICATION		
<b>PRIMARY APPLICANT INFORMATION</b>		
Name:		
Primary Phone:	Secondary Phone:	
Current address:		
City:	State:	ZIP Code:
Email:		
<b>CO-APPLICANT INFORMATION</b>		
Name:		
Primary Phone:	Secondary Phone:	
Current address:		
City:	State:	ZIP Code:
Email:		
<b>VEHICLE INFORMATION</b>		
VIN:	LICENSE PLATE:	
YEAR:	MAKE:	MODEL:
DOM:	COLOR:	MILEAGE:
NOTES:		
<b>VEHICLE INFORMATION</b>		
VIN:	LICENSE PLATE:	
YEAR:	MAKE:	MODEL:
DOM:	COLOR:	MILEAGE:
NOTES:		
<b>VEHICLE INFORMATION</b>		
VIN:	LICENSE PLATE:	
YEAR:	MAKE:	MODEL:
DOM:	COLOR:	MILEAGE:
NOTES:		
<b>IMPORTANT INFORMATION</b>		
SOS AUTO REPAIR is continually developing new and exciting programs and services at substantial savings for our customers. <input type="checkbox"/> Check here if you do not want special offers sent to you via email and/or text messages.		
<b>RENEWAL POLICY</b>		
Memberships renewed within two months after expiration of the current membership year will be extended for twelve months from the expiration date. Memberships renewed more than two months after such expiration will be extended for twelve months from the renewal date. All add-on memberships will expire at the same time as the primary membership, regardless of their activation date. I have read, understand and agree to the above statement.		
APPLICANT SIGNATURE: _____		DATE: _____
CO-APPLICANT SIGNATURE: _____		DATE: _____
<b>SOS AUTO REPAIR USE ONLY</b>		
AMOUNT PAID:	TENDER:	
SOLD BY:	DATE:	
RENEWAL DATE:	NOTES:	