



**Kansas
Auto Body
Association**

Membership Form

Company Name _____

Primary Contact _____

Business Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Company Website _____

Year Business Was Established _____ # of Total Employees _____

0-3 employees _____ \$225

4-8 employees _____ \$338

9-14 employees _____ \$488

15 and over _____ \$638

Additional Facility _____ \$150 / location

Associate _____ \$500. (An associate is any industry segment not a collision repair shop)

**Please remit payment of dues,
according to this dues structure.**

Don't Stand Alone-Join Your Industry To Make A Difference

To serve our members and the public of the state of Kansas through leadership, education and initiatives that further uplift the professionalism and business conditions of those engaged in our state's collision industry for the safety and knowledge of the consumer.

Card Number _____ Exp. Date _____ CVC _____

Address for card zip code _____

Card Authorization Signature _____

Email to KABA - Tina@kansasaba.com

Kansas Auto Body Association | 9218 Metcalf Ave | Suite #313
Overland Park, Kansas 66212 | 316.530.2116

Strengthening The Industry

www.kansasaba.com

