

Application to Join the Program for Automotive Renaissance in Tooling (PART)

I, _____ agree to join the Center for Automotive Research's Program for Automotive Renaissance in Tooling (PART) for 2006-2007. My signature on this form authorizes full payment for the annual membership fee applicable to my company's membership category, payable in four equal installments in September 2006, December 2006, March 2007 and June 2007.

Membership Category <i>(check one)</i>
<input type="checkbox"/> 10 or fewer employees (\$1,000/year or \$750 for coalition members who join as a group)
<input type="checkbox"/> 11-20 employees (\$1,500/year or \$1,125 for coalition members who join as a group)
<input type="checkbox"/> 21-30 employees (\$2,000/year or \$1,500 for coalition members who join as a group)
<input type="checkbox"/> 31-40 employees (\$2,500/year or \$1,875 for coalition members who join as a group)
<input type="checkbox"/> 41-50 employees (\$3,000/year or \$2,250 for coalition members who join as a group)
<input type="checkbox"/> 51-75 employees (\$4,000/year or \$3,000 for coalition members who join as a group)
<input type="checkbox"/> 76-100 employees (\$5,000/year or \$3,750 for coalition members who join as a group)
<input type="checkbox"/> 100 or more employees (\$6,000/year or \$4,500 for coalition members who join as a group)

Coalition Status <i>(check one)</i>
<input type="checkbox"/> Member of the _____ Tooling Recovery Zone (all members of the coalition must join for coalition pricing to apply)
<input type="checkbox"/> Currently pursuing membership in the _____ Tooling Recovery Zone
<input type="checkbox"/> Interested in the Tooling Recovery Zone program, but need more information
<input type="checkbox"/> Not participating in any Tooling Recovery Zone

Authorized Official	
Signature _____	
Name _____	Title _____
<i>(or attach business card)</i>	
Company _____	Number of Employees _____
Street _____	City _____ ST _____ ZIP _____
Phone _____	FAX _____ e-mail _____
Billing Contact	
Name _____	Title _____
Phone _____	FAX _____ e-mail _____