



Date rec'd in acctg. _____
Amt. _____
New member I.D. # _____

ARMO COUNCIL APPLICATION

or join online at www.sema.org/councils/

Yes, I want my company to be a member of ARMO.

(Company must already be a SEMA member.)

Send me more information on SEMA.

Company Name _____

Main Contact _____

E-mail _____

Street Address _____

City _____ State _____

Postal Code (ZIP) _____ Country _____

Telephone _____ Fax _____

Company Website _____

Mailing Address _____

City _____ State _____

Postal Code (ZIP) _____ Country _____

Business Description (must be completed, 25 words or less) _____

Automotive Restoration Market Organization (ARMO)

Check only one annual dues.

All categories (except car clubs) \$100

Car clubs only \$50

Council affiliation dues:\$ _____

Check or money order enclosed (U.S. dollars drawn on a U.S. bank) payable to SEMA.

Circle one: VISA MasterCard American Express

Credit card # _____ Exp. Date ____/____/____

Cardholder's name _____

Cardholder's address _____

City _____ State _____ Postal Code (ZIP) _____

Signature _____

Council dues are nonrefundable. Membership dues subject to change without notice.