

Membership Information Form

Please Submit Completed Form with Check Payable to CETIA.

() Annual dues per station \$240.00

() Quarterly dues per station \$60.00

Please accept my additional contribution to assist CETIA in protecting Test-Only Business in the amount of: _____.

Initial () I understand that a portion of my dues and contributions will be used for Political Donations.

Name of Facility: _____

Name of Business If different than from above: _____

Name of Owner: _____

Name of Shop Manager: _____

Number of Technicians: _____

Automotive Repair Dealer License Number: _____

Number of Locations: _____ Number of Lanes: _____

Mailing Address: _____ Location Address: _____

Phone: _____

Email: _____

FAX: _____

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