

ALBERTA AUTOMOTIVE
RECYCLERS & DISMANTLERS ASSOCIATION

Phone (780)470-5820
Website: www.aarda.com



AARDA Recycler Membership Application

BUSINESS NAME _____ # of Employees _____

CONTACT NAME _____

MAILING ADDRESS _____

CITY/ PROVINCE _____ Postal _____

AREA CODE/PHONE # _____ / _____

E-MAIL ADDRESS _____

Check to indicate you have:

A Municipal Business License **and** an AMVIC License

AARDA REFERENCE/SPONSOR

Member Name: _____ Phone: _____

Annual Membership Fee is \$500 plus \$25 GST

Card Type *Visa* *MasterCard*

Name as shown on Card: _____

Card Number: _____ Expiry MO/YR: ____/____

Cardholder signature: _____

Please e mail to admin@aarda.com OR FAX to **780-628-6463**

If paying by cheque please make it payable to AARDA, and mail to:

20 Oakmont Drive, St. Albert, Alberta T8N 6K6