



Mississippi Collision Repair Association

MSCRA.NET 601.672.4988

MEMBERSHIP APPLICATION
FOR THE
MISSISSIPPI COLLISION REPAIR ASSOCIATION

Business Name _____

Business Owner/Principal(s) _____

Address _____

City, State, Zip Code _____

Work Phone _____ Cell _____ Fax _____

E Mail _____

Name of member who referred you _____

1. How many locations do you operate _____

2. Please fill out an application for each location

3. How many Body Techs at this location?

4. How many Refinish Technicians at this location?

5. How many mechanics at this location?

6. How many total work stalls at this location?

7. Do you offer 24 hour towing?

8. Do you offer rental assistance?

9. Do you offer a limited lifetime warranty on repairs?

10. Are you willing to participate in a warranty program thru this association?

11. Do you use computerized estimating systems?

12. Do you use P-Page logic to prepare estimates?


13. Do you participate in ongoing training for your technicians?

14. Do you agree to furnish a printout on full frame, unibody, & alignment repairs?


15. Do you agree to use business practices that serve to protect the environment?


MEMBERSHIP LEVEL


Check a membership level below

 Employee or Individual Membership
\$100

 Shop I (5 or few employees)
\$250

 Shop II (6 or more employees)
\$500

 Friends of the Collision Repair Industry
\$1,000

 Charter Member
\$2,500–\$5,000

*Each additional location is an additional \$100. By signing this application and being accepted into this association you are agreeing to abide by the bylaws of The Mississippi Collision Repair Association. You further agree to abide by the Code of Ethics set forth by the Mississippi Collision Repair Association. This association reserves the right to have unresolved consumer or fellow member complaints reviewed by a committee appointed by the Board of Directors. You hereby agree to comply with the decisions made by the review committee. Non Compliance with the review committee decisions may result in the suspension of your membership in this association. This serves to protect the consumer while insuring the integrity of the Association's member shops.

Signature _____ Date _____

Please mail application to:
John Morgan Hughes
147 Highland Circle, Jackson, MS 39211