



Auto Care Association Tool and Equipment Committee Application Form

Please print and submit by email to ron.rossi@autocare.org or fax to 301-654-3299.
Please also send a photo or headshot if possible.

Applicant's First and Last Name _____

Applicant's Auto Care Association Member Company Name _____

Applicant's Title _____ Email Address _____

Address _____ City, State, Zip _____

Why do you want to become a member of the committee?

How do you think the committee would benefit from your service?

Applicant's relevant experience and qualifications:

Date submitted _____