

LTASA's OBJECTIVES

To advance and safeguard the business interests of its members

To promote standards of ethics of its members, the tire industry, & the automotive service industry.

To promote harmony, goodwill, and understanding among its members

To encourage an exchange of ideas, technical knowledge, and retailing/wholesaling procedures

To improve the quality and standards of the products in the new tire and automotive industry

PURPOSE & MISSION

Our mission is to serve as a benefit to all independent tire and automotive service dealers, along with their suppliers and employees.

LTASA's purpose is to develop a system that provides our members with such a high level of exchange that it will be beneficial for supplier members and members at large to refer their customers and counterparts to the LTASA with confidence.

Louisiana Tire & Automotive
Service Association (LTASA)
info@LTASA.com | LTASA.org
P: (225) 351-1370 | F: (225) 767-7648
PO Box 82531 Baton Rouge, LA 70884

CONTACT US



Louisiana Tire & Automotive Service Association

LTASA.org/Join

HEAR IT FROM THEM

"I love the fellowship that I get with my automotive & tire customers. It's a great way to grow our businesses."

"One of the most important aspects of this group is the presence we have at the legislature. We make a huge impact on the industry."

"This organization gives us access to what's going on in the industry from a state-wide level."

"I belong to this group because it's the only one that protects me as a tire dealer."

PAYMENT: **CARD** **CHECK**

Please make check payable to

Louisiana Tire & Automotive Service Association (LTASA)

Card Number _____

Exp. _____ CSV _____

Name on Card _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Signature _____

**Send your completed form to
LTASA one of two ways:**

email: info@LTASA.org
mail: PO Box 82531, Baton Rouge, LA 70884

or join online now at LTASA.org/Join.

MEMBERSHIP SELECTION

- Associate Member** - tire dealers, automotive jobbers, & auto repair facilities
- Vendor Member** - tire wholesalers, parts distributors, & other industry-related persons

Selection	Amount	Total
Primary Membership	\$200	\$ _____
Secondary Membership	\$25 x _____	\$ _____
Prorated Deduction	1st 2nd 3rd 4th -\$0 -\$50 -\$100 -\$150	-\$ _____
TOTAL		\$ _____

MEMBER INFO

Organization: _____

Organization Address: _____

Parish: _____ **Name:** _____

City: _____ **State:** _____ **Zip:** _____

Cell #: _____ **Fax:** _____

Email: _____

ADDITIONAL LOCATION INFO

Add'l Location/Branch Name: _____

Manager's Name: _____

Branch Address: _____ **City:** _____

State: _____ **Zip:** _____ **Branch Phone:** _____

Branch Email: _____