



APPLICATION FOR ACTIVE MEMBERSHIP

The below stated franchised dealership hereby applies for active membership in SA Auto Dealers.

If approved for membership, we agree to support the programs of the Association to the best of our ability, and to abide by the governing by-laws.

Dealership Name

Franchise/s at this location

Number of years at location
Year established:

Physical Address

Mailing Address

Telephone Number

Fax Number

Dues Schedule

Active Membership dues are payable monthly, at a rate of \$175.00

Membership fees to SA Auto Dealers are not deductible as charitable contributions for federal income tax purposes. However, fee payments may be deductible by members as an ordinary and necessary business expense. By payment of these dues the above referenced dealership consents to receiving facsimile and/or email information on all services and programs provided by the SA Auto Dealers.

Owner's Information

Name	Email	Birthday
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Home Address

Telephone Number (used only in emergency)	Spouse's Name
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Do you own other dealerships? _____ Yes _____ No
If yes, are these dealerships members of SADA: _____ Yes _____ No
If no would you like to receive a membership application? _____ Yes _____ No
Other dealerships owned? _____ Yes _____ No

Dealership Name	Mailing Address	City/State
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Dealership Name	Mailing Address	City/State
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General Manager's Information

Name	Email	Birthday
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Home Address

Telephone Number	Spouse's Name
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Is the Dealership a member of: TADA _____ TTD _____ NADA _____

Name of person to represent/note on issues relating to SADA and the industry.

Name	Direct phone at dealership
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Title	Direct fax	Cell
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