



**ASSOCIATE MEMBERSHIP APPLICATION**  
**ANNUAL DUES: \$750.00**

The below named Company respectfully submits this application for Associate Membership in SA Auto Dealers (SADA). And if approved, shall support the activities of SA Auto Dealers to the best of my ability.

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 below referenced company consents to receiving facsimile and/or email information on all services and programs provided by SA Auto Dealers.*

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COMPANY

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ADDRESS (STREET, CITY, STATE, ZIP)

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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

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TELEPHONE NUMBER	E-MAIL	FAX NUMBER
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OWNER/OFFICERS OF COMPANY	TITLE
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OWNER/OFFICERS OF COMPANY	TITLE
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PERSON TO REPRESENT CO. AT MEETING AND RECEIVE MAILINGS	TITLE
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RECOMMENDED BY:	TITLE	COMPANY
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ADDRESS	TELEPHONE NUMBER
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AUTHORIZED SIGNATURE

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TITLE	DATE
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GENERAL COMPANY INFORMATION

NAME OF COMPANY \_\_\_\_\_

WHEN WAS YOUR BUSINESS ESTABLISHED? \_\_\_\_\_

HOW MANY PEOPLE DO YOU EMPLOY? \_\_\_\_\_

HOW LONG HAVE YOU BEEN AT YOUR PRESENT LOCATION? \_\_\_\_\_

DO YOU HAVE MORE THAN ONE LOCATION? \_\_\_\_\_  
IF SO, PLEASE LIST COMPANY NAME, CONTACT PERSON (MANAGER/DEPT.  
HEAD, ETC.) ADDRESS, TELEPHONE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON WHAT LEVEL DO YOU DO BUSINESS:

WHOLESALE ONLY \_\_\_\_\_

RETAIL ONLY \_\_\_\_\_

BOTH \_\_\_\_\_

PLEASE GIVE A DETAILED DESCRIPTION OF YOUR PRODUCTS AND/OR  
SERVICES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THREE (3) DEALERSHIP REFERENCES.

**(MUST BE COMPLETED)**

1. COMPANY NAME – CONTACT PERSON

ADDRESS

TELEPHONE NUMBER

2. COMPANY NAME – CONTACT PERSON

ADDRESS

TELEPHONE NUMBER

3. COMPANY NAME – CONTACT PERSON

ADDRESS

TELEPHONE NUMBER

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Consent to receive fax and email advertising from SADA

Fax number/s and email addresses to which consent applies:

Attention: \_\_\_\_\_  
( ) \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Attention: \_\_\_\_\_  
( ) \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Dealership/Company: \_\_\_\_\_

Name of the authorized individual executing the consent on the company:

\_\_\_\_\_  
**Print**

The above company hereby consents to receive advertisements and other promotional materials at the above listed fax number/s and/or email addresses from SA Auto Dealers and any of its divisions, subsidiaries, affiliates or any other person or entity acting on its behalf.

The person signing below certifies that he or she is authorized to provide this consent on behalf of the dealership/company named above.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_