



ASSOCIATE MEMBERSHIP APPLICATION
ANNUAL DUES: \$1000.00

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.

COMPANY

ADDRESS (STREET, CITY, STATE, ZIP)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NUMBER

E-MAIL

FAX NUMBER

OWNER/OFFICERS OF COMPANY

TITLE

OWNER/OFFICERS OF COMPANY

TITLE

PERSON TO REPRESENT CO. AT MEETING AND RECEIVE MAILINGS TITLE

RECOMMENDED BY:

TITLE

COMPANY

ADDRESS

TELEPHONE NUMBER

AUTHORIZED SIGNATURE

TITLE

DATE

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

TELEPHONE NUMBER

ADDRESS

TELEPHONE NUMBER SADA

