



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 \$ 200.00

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 ordinal' and necessary business expense. By payment of these dues the above referenced dealership consents to receiving email information on all services and programs provided by SA Auto Dealers.

Owner's Information

| | | |
|------|-------|----------|
| Name | Email | Birthday |
|------|-------|----------|

Home Address

Telephone Number (used only in emergency)

Spouse's Name

Do you own other dealerships?

If yes, are these dealerships members of SADA:

If no would you like to receive a membership application?

Other dealerships owned?

Dealership Name

Mailing Address

City/State

Dealership Name

Mailing Address

City/State

General Manager's Information

Name

Email

Birthday

Home Address

Telephone Number

Spouse's Name

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

Title

Cell

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 dealership/company:

Print

The above-named automobile or truck dealership or company hereby consents to receive advertisements and other promotional materials at the above listed email addresses for SA Auto Dealers and any office 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: _____