

**NORTH CAROLINA AUTOMOBILE DEALERS ASSOCIATION
APPLICATION FOR ASSOCIATE MEMBERSHIP**

(Please Type or Print)

DATE: _____

Application is made for associate membership in the North Carolina Automobile Dealers Association by:

(Name of Firm)

(P.O. Box if applicable)

(ZIP for P.O. Box)

(Street address)

(ZIP for street address)

(City/Town)

(State)

(Telephone Number)

(FAX Number)

(Email Address)

(Web Site)

CHECK ONE: () Corporation () Partnership () Individual Proprietorship

If a corporation or a partner, give name of officer or partner authorized to represent firm for association purposes:

(Name of Authorized Representative)

(Title)

If an individual proprietorship, give name of owner: _____

Give principal business activity: _____

Would you want to be contacted regarding sponsorship at future NCADA conventions? () YES () NO

ASSOCIATE MEMBERSHIP DUES \$1000.00 ANNUALLY

(Associate Membership dues are based on the calendar year. Should you wish to join during the course of the year, your dues will be prorated for the first year.)

This membership secured by:

(Signature of Owner/Corporation Officer)

(Company's Name)

MAILING ADDRESS: NCADA P.O. BOX 12167 RALEIGH, NC 27605-2167

STREET ADDRESS: NCADA 1029 WADE AVENUE RALEIGH, NC 27605-1158

For NCADA Use Only

Date Considered by Membership Committee: _____

Date Co. Advised: _____ Rejected: _____ Dues Received: _____