

**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 Company)

\_\_\_\_\_  
(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

Primary Contact: \_\_\_\_\_

Name	Address	Phone	Fax	e-mail
Additional Contact: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Address	Phone	Fax	e-mail
Additional Contact: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Address	Phone	Fax	e-mail
Additional Contact: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**ASSOCIATE MEMBERSHIP DUES \$1,000.00 ANNUALLY**

Associate Membership dues are based on the calendar year and are billed in October of each year. Should you wish to join after March 31 of the current year, your dues will be prorated for the remainder of the year. Please submit payment with your application.

Associate membership is subject to approval by the NCADA Board of Directors.

Applicants for Associate Membership are required to submit their first year's dues with their membership application. The negotiation and depositing of these funds by NCADA does not constitute acceptance by NCADA of the membership application. Associate Membership is subject to approval by the NCADA Board of Directors. In the event your application is not approved, your membership dues will be refunded.

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**