



Application for Associate Membership

MISSOURI AUTOMOBILE DEALERS ASSOCIATION

3322 American Ave., P.O. Box 1158, Jefferson City, MO 65102

(573) 634-3011 FAX (573) 636-5834

DATE: _____

[Empty box for D-Tag No.]

D-Tag No.

DISTRICT: _____

1. Application is made for associate membership in the Missouri Automobile Dealers Association by:

Form fields for company name, address, phone, fax, email, and website.

CHECK ONE: [] a corporation [] a partnership [] an individual proprietorship [] LLC

If a corporation or a partnership, 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: _____

2. Spouse's First Name: _____

Home Address: _____ (NUMBER, STREET, AND P.O. BOX) (CITY) (STATE) (ZIP CODE) (PHONE) (FAX) (EMAIL ADDRESS)

3. Principle business activity _____

Annual Associate membership dues\$540.00 (see chart on back for prorated dues for first year.)

4. The primary purpose of the Missouri Automobile Dealers Association is to promote high principals of commercial honor and integrity in the sale and service of motor vehicles.

5. On the reverse side of this application is a fax authorization form that we ask you to complete for your business. One of the ways that MADA communicates with its members is through the periodic use of "Broadcast Fax". New Federal regulations require us to have your written authorization to receive this type of communication. To help us comply with this requirement, we ask that you complete the fax authorization on the reverse side. Please include the main fax number shown in section 1.

Upon approval by the association of my membership, I, on behalf of myself, agents, servants, employees, and officers, agree to fulfill, duly perform and abide by and be subject to the rules, regulations and By-Laws (particularly those pertaining to the Code of Ethics) and the Constitution of the Missouri Automobile Dealers Association which have been read by me and which I understand and further agree to abide by and be subject to any amendments thereto which hereafter may be adopted by the Missouri Automobile Dealers Association, Inc., and a failure to do so will render my membership subject to cancellation.

WITNESSETH: (To be signed by a witness)

(Signature of Owner or Corporate Officer)

WANTS YOU

AS AN ASSOCIATE MEMBER

WE WOULD BE PROUD TO ADD YOUR NAME TO OUR MEMBERSHIP.

(SUBJECT TO APPROVAL OF THE MADA BOARD OF DIRECTORS)

**DUES ARE ONLY \$540.00 PER YEAR.
HERE IS WHAT YOU GET:**

1. MADA "Dateline" bulletins
2. Automotive Business Forms
3. MADA Title Service
4. MADA Dealer Bond Service for used car dealers
5. Dental and Life Insurance through MADA's Insurance Agency
7. Information relating to the automotive industry
8. Current child support lien list via MADA's website
9. 24 - hour access to MADA's website, www.mada.com
10. Educational opportunities through seminars, webinars, and conventions.

JOIN DATE	1st YEAR DUES
JANUARY	\$540.00
FEBRUARY	\$495.00
MARCH	\$450.00
APRIL	\$405.00
MAY	\$360.00
JUNE	\$315.00
JULY	\$270.00
AUGUST	\$225.00
SEPTEMBER	\$180.00
OCTOBER	\$135.00
NOVEMBER	\$90.00
DECEMBER	\$45.00

As a member of the Missouri Automobile Dealers Association (MADA), you will have access to a strong state association that promotes spirit and cooperation among its members and disseminates information of educational and business value.

CONSENT TO RECEIVE FAX ADVERTISING FROM MADA

BUSINESS NAME: _____

FAX NUMBER(S) TO WHICH CONSENT APPLIES: (____) _____ - _____ Dept. _____
 (____) _____ - _____ Dept. _____
 (____) _____ - _____ Dept. _____

THE ABOVE NAMED BUSINESS HEREBY CONSENTS TO RECEIVE ADVERTISEMENTS AND OTHER PROMOTIONAL MATERIALS AT THE ABOVE LISTED FAX NUMBER(S) FROM THE MISSOURI AUTOMOBILE DEALERS ASSOCIATION 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 business named above.

SIGNATURE

PRINTED NAME

TITLE

DATE

PLEASE COMPLETE THIS MEMBERSHIP APPLICATION AND ATTACH YOUR CHECK NOW