



# Application for Full Membership

## MISSOURI AUTOMOBILE DEALERS ASSOCIATION

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

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

DATE: \_\_\_\_\_

**D-Tag No.**

DISTRICT: \_\_\_\_\_

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

(NAME OF COMPANY)		(NUMBER, STREET, AND P.O. BOX)			
(CITY, TOWN OR POST OFFICE)		(STATE)	(ZIP CODE)	(COUNTY)	
(PHONE)	(FAX)	(EMAIL ADDRESS)		(WEBSITE ADDRESS)	

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: \_\_\_\_\_

List name of Dealer Principal: \_\_\_\_\_ Spouse's First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

2. List make or make(s) of car(s) and truck(s) you are franchised to sell: \_\_\_\_\_

3. U.S. Cong. District \_\_\_\_\_ Mo. Senate District \_\_\_\_\_ Mo. House District \_\_\_\_\_

4. Membership dues are based on the number of cars and trucks sold during the last completed year. Dealers not in business a full year should carefully estimate their anticipated annual volume. Dues are \$1.00 per unit, minimum of \$400 and maximum of \$2,500. Dues will be prorated based on the month you join.

Estimate annual sales:      New \_\_\_\_\_ Used \_\_\_\_\_

5. 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.

6. Please complete the fax authorization on the reverse side.

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)



<input type="checkbox"/>	PLEASE BILL ME QUARTERLY
<input type="checkbox"/>	PLEASE BILL ME ANNUALLY

### DEALERSHIP KEY CONTACTS

Please list key employees and provide email addresses for ones who should receive the MADA Dateline newsletter and other communications.

**NAME**

**EMAIL**

GENERAL MANAGER: \_\_\_\_\_

OFFICE MANAGER: \_\_\_\_\_

CONTROLLER/ACCOUNTING: \_\_\_\_\_

F&I MANAGER: \_\_\_\_\_

NEW CAR SALES MANAGER: \_\_\_\_\_

USED CAR SALES MANAGER: \_\_\_\_\_

SERVICE MANAGER: \_\_\_\_\_

PARTS MANAGER: \_\_\_\_\_

TITLE CLERK: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

### 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**