

MEMBERSHIP APPLICATION

Date:	
Name of Dealership Applying for Membership – Please print	
Business Address	
()	()
Phone Number	Fax Number
City, State and Zip Code	County
Email:	
Name of Owner(s) – Please print	
Authorized Representative (as defined in Bylaws) Estimated number of new units that will be sold by the end of the calendar year:	
Make or makes of cars or trucks sold	
And is thereby eligible for full consideration for membership in the Arizona Automobile Dealers Association. This will serve as our formal request that this dealership be enrolled in AADA, and if approved (in accordance with the provisions of Article III, Section 2 of the Association By-Laws) state representation and all member services be instituted immediately, and if accepted, do hereby agree to abide by the principles and rules of the Association as laid down in the Association By-Laws.	
Signature (Owner)	Title
Membership dues in AADA are based on the nur (Article IV, Section 1 of the Association By-Law	
Revised 8-15-04	