

NORTH CAROLINA AUTOMOBILE DEALERS ASSOCIATION

APPLICATION FOR MEMBERSHIP

(Please Print or Type)

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

Name of Dealership _____ DMV License # _____

Street Address _____ ZIP for STREET _____

P.O. Box _____ ZIP for P.O. Box _____

City/Town _____

Phone () _____ Fax () _____

Web Site _____ Email _____

Name of Dealer Principal(s) _____ Title _____ Home Telephone No. _____

Name of General Manager or Designated Manager _____ Title _____ Home Telephone No. _____

Make(s) of CARS you are franchised to sell		Make(s) of TRUCKS you are franchised to sell	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL DMV Numbers for other dealerships within 500 feet of your primary dealership.

MEMBERSHIP DUES are based on the number of new cars and trucks sold during the prior year. Dealers not in business a full year should estimate their annual volume. CHECK THE BOX NEXT TO YOUR CORRECT DUES CATEGORY:

<u>Cars</u>		<u>Heavy Duty Trucks</u>		
<u>Units Sold</u>		<u>Units Sold</u>		
A	() 1 - 200	\$375	E () 1-99	\$500
B	() 201 - 500	\$550	F () 100+	\$600
C	() 501 - 1000	\$650		
D	() 1001 +	\$750		

(A check for membership dues must accompany this application.)

I am interested in workers' compensation insurance through NCADA. () Yes () No

I am interested in receiving a health insurance quote through NCADA. () Yes () No

This dealership accepts and agrees to abide by the Constitution and Bylaws and such standards and practices as are properly adopted by the Association. Failure to do so will render its membership subject to cancellation.

Signature of Owner or Corporate Officer: _____ Date: _____