FADA ASSOCIATE MEMBER APPLICATION

UPON RECEIPT OF THIS APPLICATION, FADA WILL VERIFY THE INFORMATION PROVIDED AND CONFIRM THE ELIGIBILITY OF THE COMPANY. THE APPLICANT WILL BE CONTACTED VIA THE PREFERRED CONTACT METHOD PROVIDED BELOW.

MEMBERSHIP:

FADA offers membership opportunities for industry affiliated companies. A company who is affiliated with the retail automotive industry in Florida and is registered with the Florida Department of State, Division of Corporations, to conduct business in the state of Florida is eligible for an associate membership.

FISCAL YEAR: OCT. 1 - SEPT. 30

DUES SCALE:

$800

(Prorated NOT Accepted)

OPPORTUNITIES:

- Member-only access to +/- 1,000 franchised car and truck Florida Member Dealers
- Password-protected news and alerts regarding our industry's $78 billion annual statewide impact
- Company listing in the Industry Directory on FADA's website
- Exclusive advertising opportunities*
- Exclusive sponsorship opportunities*
- Full access to password-protected/members only areas of the FADA website
- Updated Member Dealers address lists (provided twice per membership term)**

** Please contact pparker@flada.org for a list of current openings available for advertising and/or sponsorship.*

*** It is the policy of the Board of Directors to not release member emails.*

Besides advertising and sponsorship opportunities, associate members receive every piece of communication that FADA sends out, just as a dealer member receives it. It is the number one way to keep up with new/franchised dealership activity in Florida!

YES, I WOULD LIKE TO MAKE AN INVESTMENT IN FADA

Company Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

The following person will be listed as the primary contact for FADA correspondence. To add additional employee(s) to FADA's email distribution list, please email their contact information to members@flada.org.

Main Contact Name: _____ Title: _____

Ph: _____ Fax: _____ Email: _____

Company Listing Information: *Please select the best category to classify your business to our dealers and provide a brief description of your company. *Please note this description will be used to our dealer members and is limited to 500 characters. FADA reserves the right to edit your text to fit existing guidelines.*

☐ Accounting ☐ Aftermarket ☐ Computer Tech. ☐ Construction ☐ Data Analysis Forms ☐ Human Resources ☐ Insurance
☐ Leasing ☐ Legal ☐ Lending ☐ Office Products ☐ Promotional Items ☐ Safety ☐ Other

_____

_____

_____

_____

_____

Payment Method

☐ CHECK must be payable to FADA (please attach and mail to address below)

☐ CREDIT CARD (fax completed form to 850.224.1021 or mail to address below)

Please charge $800.00 to:

☐ AMEX (15 digits) ☐ VISA (13 or 16 digits) ☐ MasterCard (16 digits)

Card Account Number

EXP: _____/_____ CVV: _____ Card Billing Zip Code: _____