FADA DEALER MEMBER APPLICATION

(Fiscal Year: October 1 - September 30, prorated dues accepted)

I AM APPLYING FOR A:

☐ Single Membership *(proceed to Single Membership Application Section)*

☐ Group Membership *(proceed to Group Membership Application Section)*

SINGLE MEMBERSHIP APPLICATION

Dealership Name: _____

Main Contact Name: _____ Title: _____

Address: _____

City: _____ St: _____ Zip: _____

Ph: _____ Fax: _____ Email: _____

Number of New Cars/Trucks Sold in Previous Year: _____ NADA Member: _____ Yes _____ No

GROUP MEMBERSHIP APPLICATION

Group Name: _____

(Either official group name or parent location name)

Parent Dealership Name: _____

Main Contact Name: _____ Title: _____

Address: _____

City: _____ St: _____ Zip: _____

Ph: _____ Fax: _____ Email: _____

Number of New Cars/Trucks Sold in Previous Year: _____ Number of Affiliate Location(s): _____

NADA Member: _____ Yes _____ No

DUES SCALE:

Single Memberships pay based on the number of new cars/trucks sold in previous year.

Group Memberships pay based on the number of new cars/trucks sold in previous year for the Parent location; and a flat fee for each additional affiliate store.

2019-2020 Dues Scale

For New Car and/or Truck Dealers Who Sold in Previous Year:	Dues
0-250 Vehicles	$350
251-500 Vehicles	$695
501-1,000 Vehicles	$1,050
1,001-1,500 Vehicles	$1,485
1,500+ Vehicles	$1,750
Affiliates	$400 Flat Fee each

PAYMENT SECTION:

(Single or Parent location) Number of New Cars/Trucks Sold in Previous Year: _____ = $_____ (See DUES SCHEDULE ABOVE)

(Group Members Only) Number of Affiliate Locations: _____ X $400 = $_____

Note: FY Oct 1 - Sept. 30, Prorated Dues Accepted

TOTAL Membership Dues = $_____

☐ CHECK ENCLOSED (Payable to FADA)

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

EXP ___/___ CVV_____ Billing Zip _____

Name on Card: _____ Signature: _____

Please fax to (850) 224-1021 or mail to: FADA, 400 N. Meridian Street, Tallahassee, FL 32301

QUESTIONS? 850.224.1466 OR MEMBERS@FLADA.ORG