



# 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.

2021-2022 Dues Scale

For New Car and/or Truck Dealers Who Sold in Previous Year:	Dues
0-250 Vehicles	\$370
251-500 Vehicles	\$735
501-1,000 Vehicles	\$1,110
1,001-1,500 Vehicles	\$1,565
1,500+ Vehicles	\$1,850
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