



PHONE (508) 499-3003
FAX (508) 499-3034



DEALER MEMBERSHIP APPLICATION

Date _____ Associate Dealer: _____ New Member: _____ Renewal: _____

_____ **One Year \$399** _____ **Two Year \$749** _____ **Three Years \$1099**

Company Name: _____

Owner/Manager/Contact: _____

Dealer Plate #: _____

Business Address: _____

City/State/Zip: _____

Mailing Address, if different: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Cell: _____

E-mail Address: _____

Co. Website: _____

Check all that apply: Do you sell your cars: Wholesale _____ Retail _____ Internet _____

Number of cars sold monthly? _____ Number of cars licensed to have on your lot? _____

_____ Check enclosed _____ VISA _____ MC _____ Discover _____ AmEx _____ **PAID** Square

**Please make check payable to MIADA/NEIADA,
MIADA P.O. Box 637 Oxford, MA 01540**

Name as it appears on the card: _____

Card Number: _____ Exp. Date: _____ V-Code: _____

This signature certifies that I am eligible for membership in MIADA/NEIADA as a licensed independent automobile dealer, and that this application, if accepted, binds me to uphold the Bylaws and Constitution of MIADA/NEIADA, its Code of Ethics, and all local, state and federal laws pertaining to the used car industry. In addition, I give my permission for MIADA/NEIADA to contact me via phone, fax, and email with information pertaining to membership or industry related news.

Signature: _____ Date: _____

Referring Member: _____ Date: _____