



ASSOCIATE MEMBERSHIP APPLICATION

**WE NEED YOU AND YOU NEED
NMIADA!**



Please print clearly

Company Name: _____ Referred by: _____
Representative Name: _____ Rep. Phone # _____
Street Address: _____ City/State/Zip _____
Mailing Address (if different from street address): _____
Phone No: _____ Fax No: _____ E-mail: _____

Please include you phone, fax number and e-mail address so we can easily communicate with you.

Please tell us about your product

Please list any discounts or benefits you will offer the Association members _____

I am interested in business opportunities for (check all that apply): _____ State or Regional meeting sponsorships
_____ Golf Tournament sponsorship _____ Website advertising _____ Newsletter Advertising _____
Other: _____

Membership price is \$295.00. This includes membership in NIADA.

Please check the following form of payment:

Master Card _____ Visa _____ American Express _____ Discover _____ Check# _____
Card No. _____ Exp: _____ CVV(3 digit on back of card) _____
Card Billing address: _____ Zip: _____

Signature: _____ Title: _____ Date: _____

I agree upon acceptance as an associate member and signing of this application, to uphold the New Mexico Independent Automobile Dealers Association Bylaws, Code of Ethics and all Federal, State and Local laws pertaining to the automobile business.

Please make checks payable to NMIADA
Mail completed form to:
NMIADA
608 Chama NE
Albuquerque, NM 87108
Phone: 505-232-0809 Fax: 505-232-0810
Toll Free: 877-644-2320

For office use only:

Membership
effective: _____

Dealer/Bus License rec'd: _____

Website: www.nmiada.com **E-mail:** twuana@nmiada.com

All applications are subject to approval by the NMIADA Board of Directors.

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