



Georgia Automobile Dealers Association
 2060 Powers Ferry Road, SE • Atlanta, Georgia 30339
 (770) 432-1658

ASSOCIATE MEMBERSHIP APPLICATION

Company Name	Contact telephone and email
Company Representative/Title	Street Address Zip
Person To Receive Association Mailings	Mailing Address Zip
Type of Business	City State
Years in Business	Website
If Incorporated, Provide State of Incorporation & Name Of Corporation	If a Used Motor Vehicle Dealer, provide license number
Other Auto Dealer Association Memberships	Signature of Owner or Corporate Representative Date

- Association membership available only to limited types of companies engaged in a business related to the automobile business as determined by the GADA Board of Directors. Application for associate membership is subject to approval in accordance with GADA Bylaws_____initial
- The admission of an Associate Member, or the acceptance of dues from an Associate Member, shall not constitute an endorsement by GADA of the business practices, activities, products, or services of such associate member. Any attempt by an Associate Member to portray its membership as an endorsement by GADA shall be grounds for cancellation of membership without a refund of dues paid. Associate Members may not use the GADA name or logo in any manner without the express written permission of GADA._____initial
- All applications must be accompanied by proof of good standing in state where incorporated, if applicable, payment for one year's membership dues, and sample marketing materials or brochures detailing the nature of the business. _____initial_

ASSOCIATE MEMBER DUES ARE \$950 PER YEAR
Membership Year is July 1- June 30.
Membership Dues will be pro-rated based on date of application

****NOTE:** Dues are not deductible as charitable contributions for income tax purposes, but are deductible as ordinary and necessary business expenses subject to restrictions as a result of GADA lobbying activities. GADA estimates that the non-deductible portion of your dues (the portion allocable to lobbying) is 5%.



Pay by Credit Card Below – Send to membership@gada.com

Name on Credit Card _____

Circle One: VISA Master Card American Express

Credit Card # _____

Exp. Date _____ CVV _____

Signature of Cardholder: _____

Date: _____

or Mail Form & Check to:

GADA
2060 Powers Ferry Road, SE
Attn: Membership
Atlanta, GA 30339