## **DEALER MEMBERSHIP APPLICATION 2024-2025**

## **GENERAL DEALERSHIP INFORMATION:**

Dealership Name					
GADOR Master Dealer Number					
Brands Sold					
If dealership recently purchased, date of closing:					
If dealership recently purchased, name of seller:					
If dealership publicly owned, name of public group:					
Dealership Principal/Owner Name					
Dealership Principal/Owner Email					
Billing Contact Name					
Billing Contact Email					
Dealership Street Address					
P.O. Box (if applicable)					
City, State and Zip Code					
Dealership Phone					
Dealership Website					

## **MEMBERSHIP DUES**

Membership dues are based on new car and truck retail sales volume from the most recent completed calendar year, as reported by a reputable sales history service selected by GADA. New dealership dues are based on anticipated sales for the next 12-month period. Dues invoices are mailed 60-90 days prior to the beginning of GADA's fiscal year on July 1. Payment is due by July 1. Membership dues for new applicants may be prorated based on membership effective date, however, new applicants joining in June or July will be billed for a full year of annual dues.

UNIT SALES (New only)			2024-25 Dues	
(	)	1 – 399	Units	\$ 750
Ì	)	400 – 999	Units	\$ 1,400
(	)	1000+	Units	\$ 2,000

According to IRS rules, GADA dues are partially deductible as an ordinary business expense. Each year, dealership will be notified of the percentage that is deductible. Contributions to CARD are not deductible as charitable contributions for federal income tax purposes.

## CARD and DEALER ADVOCACY FUND

Membership invoices include assessments for GADA's Political Action Committee and GADA's Dealer Advocacy Fund. While these contributions are voluntary, dealers are strongly encouraged to participate to both CARD and the Dealer Advocacy Fund, which support GADA's mission of sustaining and promoting the dealer franchise system.



<ul> <li>PAYMENT</li> <li>Check made payable to "GADA" and mail to: GADA</li> <li>Attn: Membership</li> <li>2060 Powers Ferry Rd, SE</li> <li>Atlanta, Georgia 30339</li> </ul>					
Charge my credit card the above amount.					
Cardholder Name:					
Credit Card Number:					
Expiration Date:					
CVV: Zip:					

On behalf of [DEALERSHIP NAME], I hereby submit this application for membership in GADA.

Cardholder Signature

Print Name Dealership Principal/Owner or Corporate Officer

Signature Dealership Principal/Owner or Corporate Officer

Date: \_\_\_\_\_

For a copy of the GADA Bylaws, click here GADA Bylaws