



2024 INTERNATIONAL DEALER AFFILIATE APPLICATION

YES, sign me up! I want NADA's help solving problems, cutting expenses, boosting profits and saving time. I've checked my address for accuracy and paid my annual dues by enclosing a check payable to NADA or noting a credit card number.

X _____
(Signature required to process membership) Title: Chairman President Dealer other

NAME/ADDRESS	DESCRIBE YOUR ORGANIZATION
Name	<input type="checkbox"/> Franchised dealership
Title	
Dealership or Organization	
Mailing Address	
City/State/Province/Postal Code	
Phone	<input type="checkbox"/> Dealer Association
Fax	
Email Address	
Website URL	

Please fax or mail your payment; emails are not accepted.

SELECT ANNUAL FEE	
<input type="checkbox"/> Canada/Mexico \$365 (U.S. currency)	\$ _____
<input type="checkbox"/> Other \$455 (U.S.)	\$ _____
<input type="checkbox"/> For check/drafts drawn on non-U.S. banks add \$50 (U.S.)	\$ _____
Total U.S.	\$ _____

SELECT PAYMENT METHOD
<input type="checkbox"/> Check payable to NADA (U.S. \$ only)
Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa

FOR CREDIT CARD PAYMENT ONLY
Name on Card _____ Card Number _____
Card Holder Signature _____ Expiration (MM/YY) _____ Today's Date _____