



ASSOCIATE MEMBERSHIP APPLICATION
ANNUAL DUES: \$500.00

The below named Company respectfully submits this application for Associate Membership in the San Antonio Automobile Dealers Association, Inc. (SAADA). And if approved, shall support the activities of the San Antonio Automobile Dealers Association, Inc. to the best of my ability.

MEMBERSHIP FEES TO THE SAN ANTONIO AUTOMOBILE DEALERS ASSOCIATION, INC. ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. HOWEVER, FEE PAYMENTS MAY BE DEDUCTIBLE BY MEMBERS AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE.

COMPANY

ADDRESS (STREET, CITY, STATE, ZIP)

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NUMBER

E-MAIL

FAX NUMBER

OWNER/OFFICERS OF COMPANY

TITLE

OWNER/OFFICERS OF COMPANY

TITLE

PERSON TO REPRESENT CO. AT MEETING AND RECEIVE MAILINGS TITLE

RECOMMENDED BY:

TITLE

COMPANY

ADDRESS

TELEPHONE NUMBER

AUTHORIZED SIGNATURE

TITLE

DATE

GENERAL COMPANY INFORMATION

NAME OF COMPANY _____

WHEN WAS YOUR BUSINESS ESTABLISHED? _____

HOW MANY PEOPLE DO YOU EMPLOY? _____

HOW LONG HAVE YOU BEEN AT YOUR PRESENT LOCATION? _____

DO YOU HAVE MORE THAN ONE LOCATION? _____

IF SO, PLEASE LIST COMPANY NAME, CONTACT PERSON
(MANAGER/DEPT. HEAD, ETC.) ADDRESS, TELEPHONE NUMBER.

ON WHAT LEVEL DO YOU DO BUSINESS:

WHOLESALE ONLY _____

RETAIL ONLY _____

BOTH _____

PLEASE GIVE A DETAILED DESCRIPTION OF YOUR PRODUCTS
AND/OR SERVICES.

PLEASE LIST THREE (3) DEALERSHIP REFERENCES.

(MUST BE COMPLETED)

1. COMPANY NAME – CONTACT PERSON _____

ADDRESS _____

TELEPHONE NUMBER _____

2. COMPANY NAME – CONTACT PERSON _____

ADDRESS _____

TELEPHONE NUMBER _____

3. COMPANY NAME – CONTACT PERSON _____

ADDRESS _____

TELEPHONE NUMBER _____