

# DEALER MEMBERSHIP APPLICATION



207 SIGMA DRIVE, PITTSBURGH, PA 15238 412/963.8909 FAX 412/963.1106

[www.GPADA.COM](http://www.GPADA.COM)

Application for Associate Membership in the Greater Pittsburgh Automobile Dealers Association (GPADA) by:

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E mail \_\_\_\_\_

Check one:  Corporation  Partnership  Individual (Proprietorship)

Name of person authorized to represent the firm for Association purposes:

\_\_\_\_\_

List name and address (if different from above) of person to whom publications and correspondence should be sent: \_\_\_\_\_

Brief description of type of business \_\_\_\_\_

\_\_\_\_\_

DEALER MEMBERSHIP ANNUAL DUES.....\$ 300/First store - \$50 /Each additional store

(July 1<sup>st</sup> through June 30<sup>th</sup>)

I understand that my application for membership to the GPADA is subject to approval by the Board of Directors. I further agree to abide by the code of ethics of the Association through fair and ethical business practices on behalf of myself, agents, employees and officers, and a failure to do so will render this membership subject to cancellation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_