

**ASSOCIATE MEMBERSHIP
APPLICATION**



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

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:

WEB SITE _____

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

Brief description of type of business _____

ASSOCIATE MEMBERSHIP ANNUAL DUES.....\$ 600.00

(July 1st through June 30th)

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