



Application for Associate Membership

Application is hereby made for Associate membership in the Wisconsin Automobile & Truck Dealers Association by:

DATE: _____

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

The individual authorized to represent this company for Association purposes including receiving bulletins (if different from above) will be:

Name _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

E-mail address: _____ Website: _____

The primary business of this company is: _____

ANNUAL DUES

\$650.00

Dues Year Begins July 1

Optional Bulletins Addressed to:

The undersigned hereby tenders this application and check for payment of membership in the Wisconsin Automobile & Truck Dealers Association membership year commencing **July 1 and ending June 30**, and does hereby accept and agree to abide by the Certificate of Incorporation, the Bylaws and such standards and practices as are properly adopted by the Association.

(Authorized Signature)