

Arkansas Automobile Dealers Association

# Allied Member Application

Company/Organization \_\_\_\_\_

\*Company Representative \_\_\_\_\_

\*Representative's Title \_\_\_\_\_

\*Address \_\_\_\_\_

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

\*Office Telephone \_\_\_\_\_ \*Mobile/Cell \_\_\_\_\_

\*Email \_\_\_\_\_

If individual proprietorship, give name of owner: \_\_\_\_\_

If corporation/partnership, give name of officer/partner: \_\_\_\_\_

Describe principal business activity: \_\_\_\_\_

\_\_\_\_\_

Please list other current state trade association memberships or endorsements: \_\_\_\_\_

\_\_\_\_\_

Please list any current Arkansas franchise dealer customers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Allied Membership Fee \$695

\*Additional persons may receive AADA mailings for an additional annual fee of \$50.

Please include payment with this application.

With your membership, the representative shown above will be placed on AADA's correspondence list.

\*If there are separate mailing addresses/email addresses/telephone numbers or contact names to be used for invoices or additional company representatives, please attach a separate sheet with all contact information for each person and corresponding department.

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

\_\_\_\_\_  
Signature of Owner or Corporate Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Arkansas Automobile Dealers Association  
P.O. Box 9150—North Little Rock, AR 72119  
600 Main Street, Suite 200—North Little Rock, AR 72114  
Phone: 501.372.2596 Fax 501.372.4389  
kburnett@arkautodealers.com

