

Arkansas Automobile Dealers Association

Allied Member Application

Company/Organization _____

Company Representative _____

Representative's Title _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

If a corporation or partnership, give name of officer or partner authorized to represent the firm for Association purposes:

Name of Authorized Representative _____ Title _____

If individual proprietorship, give name of owner: _____

Describe principal business activity: _____

With your membership, the company representative shown above will be placed on AADA's correspondence list. Additional persons may receive AADA mailings for an annual fee of \$50.

Allied Partner Membership Fee \$495
Please include payment with this application.

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

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
shess@arkautodealers.com

