



**NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION**

1144 WEHRLE DR., WILLIAMSVILE, NY 14221

716-631-8510 ♦ Fax 631-0759

**NON-DEALER MEMBERSHIP APPLICATION**

WE HEREBY APPLY FOR MEMBERSHIP IN THE NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION, INC. SUBJECT TO THE PROVISIONS OF ITS CONSTITUTION AND BY-LAWS.

COMPANY NAME \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

THE OFFICER NAMED BELOW IS DESIGNATED TO REPRESENT OUR COMPANY IN ASSOCIATION AFFAIRS.

OFFICER'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

EMAIL: \_\_\_\_\_ TAX ID# \_\_\_\_\_

DESCRIPTION OF SERVICES PROVIDED OR PRODUCTS HANDLED:

\_\_\_\_\_  
\_\_\_\_\_

PRODUCTS OR SERVICES WE FEEL THE NFADA SHOULD CONSIDER FOR MEMBER DEALERS:

\_\_\_\_\_  
\_\_\_\_\_

DEALER REFERENCES: (List NFADA member dealers with whom your company does business.)

DEALERSHIP	YOUR CONTACT PERSON/TITLE
_____	_____
_____	_____
_____	_____
_____	_____

OUR CHECK IN THE AMOUNT OF \$825.00 FOR ANNUAL DUES IS ATTACHED.  
(If application is not approved, your check will be returned.)

PROPOSED BY(NFADA) \_\_\_\_\_ SECONDED BY(NFADA) \_\_\_\_\_