



NIAGARA FRONTIER AUTOMOBILE DEALERS ASSOCIATION
1144 WEHRLE DR., WILLIAMSVILLE, 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) _____