



## 2017 MEMBER APPLICATION

### BUSINESS INFORMATION

Member Name:

Title:

Company Name:

Company Address:

City:

State:

Zip:

Business Phone:

Business Fax:

Email Address (*required*):

Website:

### PERSONAL INFORMATION

Address:

City:

State:

Zip:

Personal Phone:

Ext.

### OTHER INFORMATION

Preferred mailing address: Business \_\_\_\_\_ Personal \_\_\_\_\_ (*Check one*)

Ethnicity: African American \_\_\_\_\_ Asian American \_\_\_\_\_ Hispanic American \_\_\_\_\_ Native American \_\_\_\_\_

Other \_\_\_\_\_ (*for Statistical Purposes Only*)

Membership Classification:

Line Group Affiliation: GMDA / Ford MDA / TLMDA / CMDA (*Circle all that apply - If applicable*)

### MEMBERSHIP DUES

Payment Type: [Check\*\*] [Credit Card]

*\*\* If paying by company check, please ensure that members name appears on check or include invoice with payment*

\*Total Remitted: \$

*\* Premier dues are on a per Dealership basis.*

Visa \_\_\_ MC \_\_\_ Amex \_\_\_ Card # \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ CVV #: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please remit all payments to:

**National Association of Minority Automobile Dealers (NAMAD)**

Membership Department  
9475 Lottsford Rd, Suite 150  
Largo, Maryland. 20774  
Fax (301)-306-1493

**Thank You!**