



Oregon Independent Auto Dealer Association
MEMBERSHIP APPLICATION

FIRM NAME _____

DEALER# _____ Expiration: _____

NAME _____ SPOUSE _____

Bus. Address _____

CITY _____ STATE/ZIP _____

Mailing Address (if different) _____

PH# _____ - _____ - _____ FAX# _____ - _____ - _____

Email Address _____ CELL # _____ - _____ - _____

HOME PH# _____ - _____ - _____ Drivers Lic. # _____

SIGNATURE _____ Date _____

Upon acceptance as a member, I pledge to uphold the OIADA Code of Ethics and all laws pertaining to the automobile business.

PAYMENT MUST ACCOMPANY THIS APPLICATION - Annual dues - \$325

Visa ___ M/C ___ Discover ___ American Express ___ Check # _____

#----- Exp. ___/___ CVC _____

Sponsor: _____

Office Use

Renew Date ___/1/___

Trans ___ QB ___ PAC ___ Access ___ ODN ___ Ezine _____

By completing this form, I am consenting and giving OIADA/NIADA, its affiliates and subsidiaries, my permission to contact me and provide information to me at the mailing and email address, telephone and fax numbers I have provided.