



APPLICATION FOR ACTIVE & ASSOCIATE MEMBERSHIP

Firm Name: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

Email address: _____

Type of Membership: ACTIVE ASSOCIATE (non-dealer)

President, Partner or Owner: _____ Title: _____

Other individuals authorized to represent firm in association activities: _____

Type of Business: _____ MD / DE License #: _____

SIGNATURE: _____ Date: _____

Referred by: _____

*Please make a copy of this application for your file and send the original to the address below with your check for membership dues made payable to Maryland /Delaware Independent Automobile Dealers Association (MIADA-DIADA). (Payment **must** accompany application)*

Membership \$225.00

Contribution or gifts (including dues payments) to the Maryland/Delaware Independent Automobile Dealers Association are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be tax deductible as an ordinary and necessary business expense. Seventy-five percent of annual dues are allocable to non-deductible lobbying activities conducted on behalf of its membership.

If you are interested in the following forms please check:

- | | |
|---|---|
| <input type="checkbox"/> Cash Sales Agreement/Retail Installment Contract | <input type="checkbox"/> Buyers Guide - As Is & Limited |
| <input type="checkbox"/> Odometer Mileage Statements | <input type="checkbox"/> Dealer Reassignments |
| <input type="checkbox"/> Restricted Power of Attorney | <input type="checkbox"/> Privacy Policy Brochure |
| <input type="checkbox"/> Secure Power of Attorney | <input type="checkbox"/> Consumer Privacy Pack |