

PIADA Membership Application

Do It Quick!

Call (717) 238-9002 and Say...

"I Want to Join!"

& we'll take the info over the phone (M-F 8:30-4:30)

Dealership _____

Owner/President(s) _____

DIN # _____ or Special Member

Corp. Partnership Sole Proprietorship LLC

Number of Employees _____

Street Address _____

City _____ State _____ Zip _____

County _____ E-mail _____

Phone (_____) _____

Fax (_____) _____

To assist our lobbying effort, your party affiliation is requested.

Democrat Republican Independent _____

PIADA yearly dues are \$399.00 (which include \$60 NIADA dues). You will receive all NIADA benefits including a discount prescription drug card, Used Car Dealer magazine, and dealer advocacy to officials in Washington, D.C.

(Contributions or gifts to PIADA PAC are not deductible as charitable donations for Federal tax purposes; however, the \$399 dues payments are deductible by members as an ordinary and necessary business expense.)

By my signature below, I affirm that: I support the PIADA Code of Ethics and want to strengthen the business and public image of the Independent Automobile Dealer; I request membership in the **Pennsylvania Independent Automobile Dealers Association**, 1501 North Front Street, Harrisburg, PA 17102, (717) 238-9002, Fax (717) 238-3870, www.piada.org, and I authorize PIADA to fax or e-mail important information to me.

Signature _____

My check(s) in the amount of \$ _____

\$399 plus a voluntary PAC fund contribution to PIADA PAC of \$24 for a suggested total of \$423 is/are enclosed. (Corporate checks for PAC fund contributions are not permitted by PA law.)

Or please charge this amount to my credit card:

Card type: Visa MasterCard American Express Discover

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____

Printed Name _____

Date _____

Received by PIADA Rep. _____

Date _____

OR

Mailto:PIADA,1501NorthFrontSt.,Harrisburg,PA17102

If using a credit card, you may fax this application to PIADA at (717) 238-3870

