



Application for Associate Membership

The undersigned respectfully applies for Associate Membership in the Orange County Automobile Dealers Association, a non-profit corporation, and agrees to conform faithfully and fully to its Articles of Incorporation, the By-Laws, not in effect or hereafter adopted by said Association, and such other rules as may be adopted by the Association, if elected to membership therein. Membership is non-transferable and non-voting.

The Foregoing is Agreed and Understood:

Signature: _____ Date _____

Applicant Information

Contact Name: _____ Position _____
 Company: _____
 Address: _____
 Tel: _____
 Fax: _____
 E-mail: _____
 Website: _____
 Date Business Established: _____
 Relationship to Auto Industry: _____
 Name of Owner(s): _____

References - *New Car Dealers in Orange County*

1. _____
 2. _____

Business Description - *Please check the category that best describes your business*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Collection Services | <input type="checkbox"/> Health Services | <input type="checkbox"/> Service Equipment |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer Services | <input type="checkbox"/> Information Services | <input type="checkbox"/> Signs & Banners |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Credit Report Services | <input type="checkbox"/> Insurance | <input type="checkbox"/> Special Services |
| <input type="checkbox"/> Advertising Internet | <input type="checkbox"/> CRM Software | <input type="checkbox"/> Internet Services | <input type="checkbox"/> Uniforms |
| <input type="checkbox"/> Advertising Traditional Media | <input type="checkbox"/> DMV Specialist | <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Aftermarket | <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Media | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Office Furniture | |
| <input type="checkbox"/> Auto Glass | <input type="checkbox"/> Environmental Safety | <input type="checkbox"/> Office Products | |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Petroleum Products | |
| <input type="checkbox"/> Body Repair | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Repossession | |
| <input type="checkbox"/> Check Guarantee | <input type="checkbox"/> Forms | <input type="checkbox"/> Service Contractors | |

Business Description

Please provide a description of your business:

Additional Locations & Entities

If your company has additional locations or entities that you would like to include in your Associate Membership, please provide the information below. Additional locations or branch office membership fees are \$85 annually:

Additional Locations:

1. _____
2. _____
3. _____

For separate but related entities are \$150 annually:

1. _____
2. _____
3. _____

You may send in your application with a check payable to Orange County Automobile Dealers Association for **\$495.00** or use our credit card option by completing the information below. Payment will be held and not processed until your application has been approved by the Board of Directors.

Credit Card Authorization

Card Type: Visa MasterCard American Express Amount: \$ _____

Account No.: _____ Exp. Date: _____ CVV: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Authorized

Dealer Signature

The signature of an active Dealer Member is required before the application can be considered by the Association's Board of Directors. Please secure the signature of an OCADA Dealer Member in the space provided below:

Dealer Principal Name: _____

Dealership Name: _____

Signature: _____

Date: _____