



WASHINGTON STATE
AUTO DEALERS
ASSOCIATION

P.O. Box 58170

Seattle, WA 98138

800-998-9723

**Associate Membership
Annual Dues
\$500 per Year**

ASSOCIATE INFORMATION (Please print or type all information requested below)

MEMBER: _____ Web Address: _____

NAME: _____ E-MAIL: _____

TITLE: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WASHINGTON STATE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NATURE OF BUSINESS: _____

REFERENCES - Please list and provide a written reference from at least 3 Washington franchise dealers with whom you have a business relationship:

As a member of WSADA you will have access to the WSADA.org website. Please indicate a user name and password for the members only portion of our website.

1. _____

2. _____

3. _____

Username: _____

Password: _____

I agree to financially support at least one WSADA event during the membership year, at a minimum of \$1,500.00.

OPTIONAL: BRANCH OFFICES ~ \$100 PER BRANCH

Branch Offices will receive all associate mailings, but will not have a separate listing in the directory.

Please Include Name, Mailing Address, City, State, and Zip Code

1. _____

2. _____

3. _____

FOR WSADA OFFICE USE ONLY

Dues Paid: \$ _____

Branch Offices Paid: _____

Date: _____

Approved By: _____