

Idaho Automobile Dealers Association

Associate Membership Application

\$850.00 Annual Membership Fee

Company:			
Products & Services Offered:			
Mailing Address:			
City:	State:	Zip:	
Physical Location (if different):			
City:	State:	Zip:	
Local Number:	Fax Number		
Toll Free Number:			
Idaho Representative:			
E-mail:			
Additional Contact:			
E-mail:			
Additional Contact:			
E-mail:			
Authorized Representative (please			
Signature:		Date	
This membership agreement shall remain in force are more than ninety (90) days in arrears shall no membership. The signature above denotes that	ot be considered members in go	od standing and will not be entitled to pr	ivileges of
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Business Type: Limited Liability Corp. (LLC)	🖵 Partnership
Private Corp.	🗆 Public Corp.
Sole Proprietorship	□ Sub-Chapter C-Corp.
☐ Sub-Chapter S-Corp.	

Please mail application along with a check payable to: IADA 207 Military Dr Coeur d' Alene ID 83814 -or- complete the following Credit Card information and fax to IADA (208) 853-6671 Attn: Membership

Credit Card #:	Expiration Date:	
Name on Card:		

MEMBERSHIP DOESN'T COST ... IT PAYS.