



AFFILIATE
NextGen Membership Application

Please complete this form and Fax it to: (703) 883-2394.

| | |
|-----------------------------|--|
| Company Name: | _____ |
| Name: | _____ |
| Business Address: | _____ |
| City, State, Zip | _____ |
| Title: | _____ |
| Business Phone #: | _____ |
| E-mail Address: | _____ |
| Describe Your Organization: | <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Vendor <input type="checkbox"/> Association <input type="checkbox"/> Other: |

| | |
|---------------------------------|--|
| Membership Requirements: | |
| NADA U Academy Graduate? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Academy/Class Year: | _____ |
| 45 Years old or Under? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|------------------------------------|---|
| Select Annual Fee | |
| 1 st Member of company: | <input type="checkbox"/> \$50.00 |
| 2 – 5 members | <input type="checkbox"/> \$30.00 per person |
| 6 – 10 members | <input type="checkbox"/> \$25.00 per person |
| 10+ members | <input type="checkbox"/> \$15.00 per person |

| | |
|------------------------------|---------------------------------|
| Select Payment Method | For Credit Card Payment: |
|------------------------------|---------------------------------|

- Check payable to ATD
- Credit Card:
- Visa
- Master Card
- American Express

Name on Card: _____

Card Number: _____

Card Expiration: _____

Card Holder Signature _____