



2026 INTERNATIONAL DEALER AFFILIATE APPLICATION

YES, sign me up! I want NADA's help solving problems, cutting expenses, boosting profits and saving time. I've checked my address for accuracy and paid my annual dues by enclosing a check payable to NADA or noting a credit card number.

X _____
(Signature required to process membership) Title: Chairman President Dealer other

| NAME/ADDRESS | | DESCRIBE YOUR ORGANIZATION |
|---------------------------------|--|--|
| Name | | <input type="checkbox"/> Franchised dealership |
| Title | | Franchises |
| Dealership or Organization | | |
| Mailing Address | | |
| City/State/Province/Postal Code | | |
| Phone | | <input type="checkbox"/> Dealer Association |
| Fax | | |
| Email Address | | |
| Website URL | | |

Please fax or mail your payment; emails are not accepted.

| SELECT ANNUAL FEE | |
|---|----------|
| <input type="checkbox"/> Canada/Mexico \$385 (U.S. currency) | \$ _____ |
| <input type="checkbox"/> Other \$485 (U.S.) | \$ _____ |
| <input type="checkbox"/> For check/drafts drawn on non-U.S. banks add \$50 (U.S.) | \$ _____ |
| Total U.S. \$ _____ | |

| SELECT PAYMENT METHOD | |
|--|--|
| <input type="checkbox"/> Check payable to NADA (U.S. \$ only) Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa | |

| FOR CREDIT CARD PAYMENT ONLY | |
|------------------------------|---|
| Name on Card _____ | Card Number _____ |
| Card Holder Signature _____ | Expiration (MM/YY) _____ Today's Date _____ |

NATIONAL AUTOMOBILE DEALERS ASSOCIATION

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