



## 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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