



MEMBERSHIP APPLICATION

Attached please find my check for \$100.00 for the membership dues. I understand that I will be billed \$100.00 in June each year for dues.

Company Name _____

Dealer or GM _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Phone _____ FAX _____

E-mail address _____

Mail to:

Greater Charlotte Automobile Dealers Association
429-B S. Sharon Amity Road
Charlotte, NC 28211