

Colorado Independent Automobile Dealers Association

950 WADSWORTH BLVD., SUITE 101 LAKEWOOD, CO 80214

303 239-8000 FAX: 303 237-3305

Membership Application

Date: _____

CIADA Acct # : _____

Select One: Used Car Dealer Wholesale Franchised Associate Member

Entity Type: Individual Partnership Corporation Liability Co (LLC)

Business Name: _____

DBA/Trade Name: _____

Dealer # : _____ Physical Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business # _____ Fax # _____ Cell # _____ Home # _____

E-mail Address: _____ Web Site: _____

Owner #1: _____ Spouse: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Owner #2: _____ Spouse: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Membership Dues Are \$225.00 annually, which includes \$60 for NIADA.

For income tax purposes, member dues paid to CIADA are deductible as a business expense. CIADA estimates that 13.33% of all dues paid to CIADA are utilized for non-deductible lobbying expenditures. All members are advised that this percentage of dues paid to CIADA in the tax year 2016 is non-deductible for income tax purposes. Consult your tax advisor.

By completing this form, I am consenting to and giving CIADA, its affiliates and subsidiaries, my permission to contact me and provide information to me at the mailing and e-mail address, telephone and fax number(s) I have provided.

Please Support Your Political Committee Fund:

Select contribution amount to be included with payment below:

\$200 \$75 \$50

PLEASE INDICATE PAYMENT METHOD:

Please remit payment with this completed application.

Check (payable to CIADA-see address below)

Credit Card:

NAME ON CARD: _____

BILLING ADDRESS: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

VERIFICATION CODE: _____

AUTHORIZED SIGNATURE: _____