



CIADA MEMBERSHIP APPLICATION

COLORADO INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION

6464 WEST 14TH AVENUE, SUITE 100, LAKEWOOD, CO 80214

303-239-8000 / 1-800-569-1899 / FAX: 303-237-3305 / WWW.CIADA.ORG

Date: _____

Referred by: _____

Type of License And/or Membership (Circle One) Used Only - Wholesale - Franchised - Associate Member

Entity Type (Circle One) Individual - Partnership - Corp - Ltd Liability Co - Other

Name of Business _____

Dealer # _____ Street Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____ Cell # _____

Business Ph _____ Fax # _____ Home _____

E-mail Address _____ Web Site Url _____

Owner #1 _____ Spouse _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ County _____

Owner #2 _____ Spouse _____

Home Address (if different from above): _____

City _____ State _____ Zip _____ County _____

Membership Dues Are \$225.00 Annually. Please Return Your Check with Completed Application.

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.

IF YOU WISH TO PAY YOUR ANNUAL MEMBERSHIP DUES OF \$225.00 BY CREDIT CARD , PLEASE COMPLETE THE AREA BELOW AND RETURN TO CIADA BY FAX OR MAIL.

CREDIT CARD # _____ **EXPIRATION DATE** _____

SECURITY CODE _____ **NAME ON CARD** _____

AUTHORIZED SIGNATURE _____