

# PIADA Membership Application

**Do It Quick!**

**Call (717) 238-9002 and Say...**

**"I Want to Join!"**

**& we'll take the info over the phone (M-F 8:30-4:30)**

Dealership \_\_\_\_\_

Owner/President(s) \_\_\_\_\_

DIN # \_\_\_\_\_ or  Special Member

Corp.  Partnership  Sole Proprietorship  LLC

Number of Employees \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ E-mail \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

To assist our lobbying effort, your party affiliation is requested.

Democrat  Republican  Independent  \_\_\_\_\_

PIADA yearly dues are \$399.00 (which include \$60 NIADA dues). You will receive all NIADA benefits including a discount prescription drug card, Used Car Dealer magazine, and dealer advocacy to officials in Washington, D.C.

*(Contributions or gifts to PIADA PAC are not deductible as charitable donations for Federal tax purposes; however, the \$399 dues payments are deductible by members as an ordinary and necessary business expense.)*

By my signature below, I affirm that: I support the PIADA Code of Ethics and want to strengthen the business and public image of the Independent Automobile Dealer; I request membership in the **Pennsylvania Independent Automobile Dealers Association**, 1501 North Front Street, Harrisburg, PA 17102, (717) 238-9002, Fax (717) 238-3870, [www.piada.org](http://www.piada.org), and I authorize PIADA to fax or e-mail important information to me.

Signature \_\_\_\_\_

My check(s) in the amount of \$ \_\_\_\_\_

\$399 plus a voluntary PAC fund contribution to PIADA PAC of \$24 for a suggested total of \$423 is/are enclosed. (Corporate checks for PAC fund contributions are not permitted by PA law.)

Or please charge this amount to my credit card:

Card type:  Visa  MasterCard  American Express  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Received by PIADA Rep. \_\_\_\_\_

Date \_\_\_\_\_

OR

Mailto:PIADA,1501NorthFrontSt.,Harrisburg,PA17102

If using a credit card, you may fax this application to PIADA at (717) 238-3870

