

## MEMBERSHIP APPLICATION

FOR 20 GROUP USE ONLY—LEAVE SHADED AREA BLANK					
Member Group		Code	Join Date		
Date Set-up Fee Paid		Composite Begin Date		First Monthly Fee Paid	
Name of Persons Attending Meetings		Nickname	Title (Dealer, GM, Dept Manager)	Years in Business	% Ownership
1.					
2.					
3.					
Dealership Name			Circle the type that best describes your business. Retail                  BHPH                  Both		
Mailing Address			Total \$ Sales/Year:                  # Units Sold/Year:		
City		State		Zip	
Phone		Fax		Email	
Cell Phone			Website Address		
Name and Title of Financial Statement Preparer			Contact # and email address of Financial Preparer		
List the zip code(s) for the location(s) of each dealership in which the applicant or any principal in the dealership owns an interest.					
<b>CONFIDENTIALITY CLAUSE</b>					
<i>All information furnished to NIADA by or about a member is strictly confidential. NIADA policy is to identify or furnish this information ONLY to individual members of the group and this information is not to be identified, furnished, shared or otherwise transferred to anyone outside the individual member's group, including other dealerships that may be owned by the same legal entity, other dealers or the media. All of the meeting statistics and monthly composites are coded and confidential, so that they are identifiable only to group members.</i>					
<i>Members will avoid any and all discussion with any member or members of the group on matters prohibited by the antitrust laws, inclusive of: (1) expressed or implied agreements stabilizing prices or establishing uniformity for prices of goods or services, (2) prices to be charged in the future and, (3) adherence to price minimums or maximums.</i>					
<b><i>Members acknowledge and accept this policy as a condition of membership in their group.</i></b>					
Dealer Signature:		Printed Name:		Date:	

**Other Dealership Personnel Listed Above:**

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

**Return completed form to NIADA 20 Group, 2521 Brown Blvd, Arlington, TX 76006 or fax to 817-649-5866 or email [georgia@niada.com](mailto:georgia@niada.com).**