



## Certified Master Dealer™ Class Registration

CLASS DATE: \_\_\_\_\_ LOCATION \_\_\_\_\_

Name (First, MI, Last)

\_\_\_\_\_

Company Name and Title/Position

\_\_\_\_\_

Mailing Address

NIADA Membership #

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Phone Number

Fax Number

State Dealer License Number

\_\_\_\_\_

Email Address

Website Address

\_\_\_\_\_

**Please include with this registration form a short biographical sketch describing your professional experience and the history of your dealership.**

**Answer the following questions.**

1. Are you the "named" or one of the "named" dealer principal(s) of the dealership (Corporate Officer)? \_\_\_\_ Yes \_\_\_\_ No

2. Are you a NIADA member in good standing? \_\_\_\_ Yes \_\_\_\_ No  
How many years have you been a member? \_\_\_\_ years

3. Are you approved or licensed as an automobile dealer by your state and/or local unit of government? \_\_\_\_ Yes \_\_\_\_ No

4. Is your established place of business occupied by you, as a dealer principal, continuously on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are books and records kept at that location? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Is your "majority share of business" transacted at that location? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Are your business hours posted? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are your business hours consistent with state regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

**Submit registration form with fee(s) to: Georgia Brown, NIADA, 2521 Brown Boulevard, Arlington, TX 76006 or [georgia@niada.com](mailto:georgia@niada.com).**

**CMD™ registration fee: \$2495.  
Associate Member Fee: \$995 (1 employee) \$1800 (2 employees) \$2500 (3 employees)**

**(If the class is cancelled, your registration fee will be refunded. If you cancel within 14 days of class start date, a \$150 refund charge will apply.)**

**Associate Members (Employees) attending with you:**

\_\_\_\_\_  
**NAME** **POSITION**

\_\_\_\_\_  
**NAME** **POSITION**

\_\_\_\_\_  
**NAME** **POSITION**

(4 or more employees, call for pricing.)

**TOTAL AMOUNT:** \_\_\_\_\_

**METHOD OF PAYMENT:**

\_\_\_\_\_ Enclosed is a check made payable to "NIADA Foundation"

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card # \_\_\_\_\_

**Cardholder's Name** **Expiration Date** **Security Code**

**Cardholder's**  
**Signature** \_\_\_\_\_

**For Office Use Only**

Approved by \_\_\_\_\_ Date \_\_\_\_\_