



Application for Associate Membership

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

Check one:

- Corporation
- Partnership
- Individual (Proprietorship)

If a corporation, give the name or officer or partner authorized to represent the company for Association purposes below:

Name of Authorized Representative: _____

Title of Authorized Representative: _____

If individual (proprietorship), give the name of owner:

Describe principal business activity, including products or services to be provided to the automobile industry: _____

Dealer References (please list all GLVADA Member Dealers with whom your company currently or in the past has done business:

Dealership Name: _____

Contact: _____

Dealership Name: _____

Contact: _____

Associate Membership Annual Dues:

___ **STANDARD \$425.00** for first representative, **\$25.00** for additional representatives

___ **ENHANCED \$750.00** includes up to three Company Representatives.

___ **PREMIER \$1,250.00** includes up to five Company Representatives

Please see the GLVADA Associate member options / benefits page

I understand that my application for membership to the Greater Lehigh Valley Auto Dealers Association is subject to approval by its Board of Directors. I further agree to abide by the Code of Ethics of the Association through fair and ethical business practices on behalf of myself, agents, employees, and officers, and a failure to do so will render the membership subject to cancellation.

Signature of Owner or Corporate Officer: _____

Date: _____

Signature of Owner or Corporate Officer: _____

Date: _____

Please complete this application and email to Dan Moyer: dmoyer2@ptd.net

Dan Moyer, 610-972-5496, Executive Director
Greater Lehigh Valley Auto Dealers Association