



621 SW Grady Way , Renton, WA 98057 800-998-9723

**Associate Membership
Annual Dues—\$650 per Year**

ASSOCIATE INFORMATION (Please print or type all information requested below)

MEMBER: _____ Web Address: _____

NAME: _____ E-MAIL: _____

TITLE: _____

MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WASHINGTON STATE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

NATURE OF BUSINESS: _____

WERE YOU REFERRED? _____ IF YES, BY WHOM? _____

IF REFERRED BY AN ASSOCIATION, HOW MANY YEARS W/ASSOCIATION? _____

IS YOUR COMPANY A SUBSIDIARY OF AN AUTOMOTIVE TRADE ASSOCIATION? _____ IF YES, WHICH? _____

REFERENCES - Please list and provide a written reference from at least 3 Washington franchise dealers with whom you have a business relationship:
1. _____
How long have you done business w/ reference: _____
2. _____
How long have you done business w/ reference: _____
3. _____
How long have you done business w/ reference: _____

As a member of WSADA you will have access to the WSADA.org website. Please indicate a user name and password for the members only portion of our website.
Username: _____
Password: _____

I agree to financially support at least one WSADA event during the membership year, at a minimum of \$1,500.00.

OPTIONAL: BRANCH OFFICES ~ \$100 PER BRANCH

Branch Offices will receive all associate mailings, but will not have a separate listing in the directory.

Please Include Name, Mailing Address, City, State, and Zip Code

- 1. _____
- 2. _____
- 3. _____

FOR WSADA OFFICE USE ONLY

Dues Paid: \$ _____ Branch Offices Paid: _____
Date: _____ Approved By: _____