

# HIADA Membership Application



I understand that renewal dues will be **\$200.00** per year due the anniversary month of my membership.

I hereby make application for membership in the Houston Independent Automobile Dealers Association. I agree to abide by the rules, regulations and by-laws of the Association.

Date: .....

General Membership (Dealer) \$200: ..... Associate Member (Vendor) \$200: .....

Business Name: ..... Dealer P Number: .....

Contact Name(s): .....

Email (required): ..... Website: .....

Additional Emails: .....

Phone: ..... Cell: ..... Fax: .....

Business Address: .....

City: ..... State: ..... Zip: ..... County: .....

How did you hear about HIADA? .....

**PLEASE INDICATE PAYMENT METHOD BY CHECKING ONE OF THE FOLLOWING:**

- ..... Check or Money Order payable to HIADA
- ..... Cash
- ..... Credit Card
- ..... Visa. MasterCard. American Express.

Card Number: .....

Expiration Date: ..... CVV: .....

Name on the Card: .....

Card Billing Address: .....

City: ..... State: ..... Zip: .....

Signature: .....