

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.

Please return completed form to HIADA by email or fax.

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:

For HIADA Board Only: Membership Benefits Package Distributed

(Fax) 888-223-6170
832-604-4355

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