

TIADA Membership Application

2018



TIADA
TEXAS INDEPENDENT AUTOMOBILE
DEALERS ASSOCIATION

Business Name: _____

Select one: Dealer Member Associate Member

Contact Person: _____

Address: _____

City: _____ State: _____

Zip: _____ County: _____

E-mail address: _____

Phone: _____ Fax: _____

Dealer P Number: _____

Who referred you to TIADA? Elyse DeBuck - HIADA

Mailing Address (if different from above):

City: _____ State: _____ Zip: _____

2018 TIADA Membership Dues:

*Pay full amount today and
receive the rest of 2017 for free.*

\$499

OR join our monthly payment plan of

\$41.58 per month

**Membership good through 12/31/2018*

*(Dues include NIADA membership and
local chapter membership where applicable.)*

PLEASE INDICATE PAYMENT METHOD:

Check or Money Order payable to TIADA

Check # _____

Credit Card

Card Number: _____ Sec.Code: _____ Expiration Date: _____

Monthly Payments - \$41.58 per month

Via Credit Card (Please enter card information above)

Via Bank Draft (Authorization Agreement required - contact state office)

Mail or Fax Application To: TIADA Membership Services, 9951 Anderson Mill Rd., Suite 101, Austin, TX 78750

FAX 512.244.6218  www.txiada.org  512.244.6060