



**DEALER MEMBERSHIP FORM FOR
NORTHWEST INDIANA AUTO TRADE ASSOCIATION, INC.**

Name of Dealership _____

Name of Dealer Principal _____

Name of Contact Person (if other than DP) _____

Business Address _____

City, State, Zip _____

Telephone _____ Fax _____

Cell _____ Email _____

Website _____

Your Membership entitles you to attend events and/or meetings sponsored by the Association. You will also be listed on our website as a Dealer Member with your logo and a direct link to your website. You have the right to one vote as a Dealer Member if present during the vote. We encourage you as a Dealer to attend as many events as possible. Our Associate Members count on visiting with you during our events.

Dues for membership are \$300.00 per year. Your dues for this year must be enclosed with this Application. Please make your check out to NIATA.

If you have any questions please contact Sharon Burke.

Signature of Applicant