



**ASSOCIATE MEMBERSHIP APPLICATION FOR  
NORTHWEST INDIANA AUTO TRADE ASSOCIATION, INC.**

Name of Contact Person \_\_\_\_\_

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Birthday \_\_\_\_\_  
Mo/Day

Website \_\_\_\_\_

Nature of Business \_\_\_\_\_

Owner of Business \_\_\_\_\_

Give the name(s) of New Auto Dealerships you are currently doing business with:

\_\_\_\_\_

Your Associate Membership entitles you to attend events sponsored by the Association as well as regular meetings of the Association approved by the Board of Directors for attendance by Associate Members. Associate Members are not entitled to vote or hold office in the Association. Names of applicants shall be distributed to all regular members.

Dues for Associate Members are \$300.00 per year. Please return this form with your check for \$300 to NIATA at the address below.

\_\_\_\_\_  
Signature of Applicant

1320 W. 95<sup>th</sup> Place, Crown Point, IN 46307 – Phone: 219-712-9489

Fax: 219-661-3592 – Email: Niata2002@aol.com

[www.niata.org](http://www.niata.org)