



# COLORADO INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION



## Membership Application

Date: \_\_\_\_\_

CIADA Acct # : \_\_\_\_\_

Select One:  Used Car Dealer  Wholesale  Franchised  Associate Member

Entity Type:  Individual  Partnership  Corporation  Ltd Liability Co (LLC)

Business Name: \_\_\_\_\_

DBA/Trade Name: \_\_\_\_\_

Dealer # : \_\_\_\_\_ Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Owner #1: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Owner #2: \_\_\_\_\_ Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### **Membership Dues Are \$225.00 annually, which includes \$60 for NIADA.**

For income tax purposes, member dues paid to CIADA are deductible as a business expense. CIADA estimates that 15% of all dues paid to CIADA are utilized for non-deductible lobbying expenditures. All members are advised that this percentage of dues paid to CIADA in the tax year 2018 is non-deductible for income tax purposes. Consult your tax advisor.

*By completing this form, I am consenting to and giving CIADA, its affiliates and subsidiaries, my permission to contact me and provide information to me at the mailing and e-mail address, telephone and fax number(s) I have provided.*

### **Please Support Your Political Committee Fund:**

Select contribution amount to be included with payment below:

\$200  \$75  \$50

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**PLEASE INDICATE PAYMENT METHOD:**

*Please remit payment with this completed application.*

Check (payable to CIADA-see address below)

Credit Card:

NAME ON CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

VERIFICATION CODE (Last 3 digits on back): \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_