



Vermont Vehicle and Automotive Distributors Association

Membership Application

Membership Type:

- Franchised
- Non-Franchised
- Associate

Membership Dues: \$650

Exact Name of Dealership/Company (*as registered with the Secretary of State*)

Trade Name (*if different from Secretary of State*)

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Dealer Principal/Owner _____ Key Contact/Bus. Mgr. _____

Business Telephone _____ FAX Number _____ Cell Telephone _____

E-mail Address _____ Web Site _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

The Following Information Must Be Completed By All Franchised and Non-Franchised Members (if applicable)

No. of Motor Vehicles Sold/Leased in Prior Year: (*Includes Trucks, Motorcycles, Motorized RVs, Buses, Farm Equipment, and Off-Highway RVs*)

New _____ Used _____ Wholesale _____

Dealer Plate #'s: _____

Franchises: (Please list **ALL** franchises you hold in each category below)

Automobiles: _____

Heavy-Duty Trucks: _____

Motorcycles: _____

RV (Motorized): _____

Farm Equipment: _____

Off-Highway RV's: : _____

OVER

To be completed by **ALL NON-FRANCHISED MEMBERS**

Please Circle Your Company's **PRIMARY** Function (choose only one):

Used Vehicle Sales Body Shop Motor Vehicle Repair Retail Parts Automotive Recycler
Lease/Rental Franchised Power Equipment Franchised Construction Equipment
Other (Please describe) _____

Please Indicate All Applicable Functions Within Your Business:

Used Vehicle Sales _____ Body Shop _____ Motor Vehicle Repair _____
Retail Parts _____ Automotive Recycler _____ Lease Rental _____
Franchised Power Equipment _____ Franchised Construction Equipment _____

To be completed by **ALL FRANCHISED MEMBERS**

Please Indicate Applicable Functions Within Your Business: Body Shop _____ Lease/Rental _____

No. of Full-Time Employees _____

No. of Part-Time Employees _____

Would you have an interest in serving as a Director or a Trustee on any of the VADA Boards in the future?

Yes No

Name (please print): _____

Date of Application: _____

**Please return this application, along with your check for dues
(made payable to VADA)
to:
VADA
1284 US Route 302-Berlin
Suite 2
Barre, VT 05641**