



**GREATER
PITTSBURGH**

AUTOMOBILE DEALERS ASSOCIATION

APPLICATION FOR ASSOCIATE MEMBERSHIP

Application is made for Associate Membership in the Greater Pittsburgh Automobile Association by:

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Web site _____

Check One Corporation Partnership Individual (Proprietorship)

If a Corporation, give name of Officer or partner authorized to represent the firm for Association purposes :

(Name of Authorized Representative) (Title)

If individual proprietorship, give name of owner: _____

Describe principal business activity:

List name & address (if different from above) of person to whom publications should be sent:

ASSOCIATE MEMBERSHIP ANNUAL DUES\$ 500.00

I understand that my application for membership to the Greater Pittsburgh Automobile Dealers Association is subject to approval by the Board of Directors. I further agree to abide by the code of ethics of the Association through fair and ethical business practices on behalf of myself, agents, employees and officers, and a failure to do so will render this membership subject to cancellation.

.....
Date

.....
Signature of Owner of Corporate officer

.....
(Date)

.....
(Signature of Owner or Corporate Officer)

**Please complete this application and mail, fax or email
along with payment to:**

**Jill Costic
Director of Member Services
GREATER PITTSBURGH AUTOMOBILE DEALERS ASSOCIATION
207 Sigma Drive
Pittsburgh Pa 15238
P 412.963.8909
F 412.963.0503
email: jcostic@pittsburghauto.org**

Credit Cards are accepted for payment

_____ exp. ____/____

**If you have any questions, please call our office.
Thank you.**