



MEMBERSHIP APPLICATION

Ohio Independent Automobile Dealers Association



BUSINESS NAME: _____

DEALER LICENSE NUMBER : _____ EXP DATE: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ FAX: _____

ALTERNATE PHONE: _____ WEBSITE: _____

CONTACT NAME: _____

CONTACT PHONE: _____ EMAIL: _____

BILLING CONTACT: _____

IF YOU WISH TO PAY BY CREDIT CARD, PLEASE FILL OUT THE SECTION BELOW
Annual Dues are \$345.00

Name (As it appears on credit card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Card Type: M/C VISA AMEX DISC AMT: **\$345.00** EXP Date: _____ Security Code: _____

***SIGNED:** _____ **Date:** _____

*** FOR TELEPHONE TRANSACTIONS, IN LIEU OF SIGNATURE, 3 DIGIT SECURITY CODE IS REQUIRED**

By completing and signing this form, I am giving consent to the OIADA to release the above contact details to its membership.

Check to opt out

Address: OIADA - 2040 Brice Rd - Suite 110 - Reynoldsburg, Ohio 43068

Phone: 614-863-5800 Email: samantha@ohiada.org Fax To: 614-863-5801

www.ohiada.org