

Kentucky Automobile Dealers Association

152 Consumer Lane
Frankfort, Kentucky 40601
(502) 695-3333
Fax (502) 695-5790

Membership Application (Used Car Division)

Date _____

Application is made for membership in the Kentucky Automobile Dealers Association by:

(Name of Dealership (P.O. Box & Street Address)

(City) (State) (Zip Code) (Telephone #)

(Email Address) (Fax #)

Name of officer or partner authorized to represent dealership for association purposes: _____

(Name of Authorized Representative) (Title)

Home Address: _____ Telephone: _____

List make or makes of car(s) & trucks(s) you are franchised to sell: _____

Membership dues: \$495.00

Payment Preference: Annual in Advance \$ _____ Semi-Annual in Advance: _____

(Master Card, Visa & American Express accepted)

Credit Card # _____ Expiration Date _____

Billing Address _____

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The primary purpose of the Kentucky Automobile Dealers Association is to promote high principles of commercial honor and integrity in the sale and service of motor vehicles. Upon approval by the association of my membership, I, on behalf of myself, agents, servants, employees and officers, agree to fulfill, duly perform and abide by and be subject to the rules, regulations, by-laws and Articles of Association which have been read by me and which I understand and further agree to abide by and be subject to any amendments thereto which hereafter may be adopted by the Kentucky Automobile Dealers Association, Inc., and a failure to do so will render its membership subject to cancellation.

(Signature of Owner or Corporate Officer)

"Contributions or gifts to the Kentucky Automobile Dealers Association are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses".