

West Virginia Automobile & Truck Dealers Association

POST OFFICE BOX 2028
CHARLESTON, WEST VIRGINIA 25327
TELEPHONE 304 343-4158
800 888-4158
FAX NUMBER 343-8474
RUTH LEMMON
President

APPLICATION FOR SUBSCRIBER

Date Applied: _____

Application is made for subscriber in the
WEST VIRGINIA AUTOMOBILE & TRUCK DEALERS ASSOCIATION, INC. by:

_____		_____	
Name of Business		P.O. Box or Street	
_____		_____	
City or Town	State	Zip Code	
_____	_____	_____	
Phone	Fax	Email	

Annual Unit Sales _____

Type of Sales: Used Cars____ Motorcycles____ RV's____ Boats____

Check one: Corporation___ Partnership___ Individual Proprietorship___

_____	_____
Name of Authorized Person	Title

If an individual proprietorship, give name of owner:

SERVICES AVAILABLE TO SUBSCRIBERS:

MONTHLY ELECTRONIC NEWSLETTER; PERIODIC BULLETINS; SEMINARS AND WORKSHOPS; FORMS; TELEPHONE ASSISTANCE RELATING TO LAWS; ELECTRONIC REGISTRATION REPORT; HEALTH INSURANCE RELATED BENEFITS; DEALER SERVICE.

All Dues are \$250.00 and payable on a calendar year basis

The primary purpose of the West Virginia Automobile & Truck Dealers Association, Inc. is to promote high principles of commercial honor and integrity in sales and service of those licensed by West Virginia Department of Motor Vehicles. This business accepts and agrees to abide by the Certificate of Incorporation, the By-laws and such standards and practices as are adopted by the Association. A failure to do so will render its subscription subject to cancellation.

_____	_____
Recommending WVATDA, Inc. Member	Authorized Subscriber Signature
_____	_____
WVATDA, Inc. Director Signature	WVATDA, Inc. President

Date Accepted: _____