



Membership Application

**Carolinas Independent Automobile
Dealers Association
1-800-432-4232**

Includes State and
National Annual Dues

Mail with your check to:

CIADA
P.O. Box 1088
Harrisburg, NC 28075

Dealer Number _____

Owner/Contact _____

Name of Business _____

Mailing Address _____

City, State, Zip _____

Physical Address _____

City, State, Zip _____

Phone _____ Fax _____

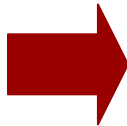
Mobile _____ Email _____

Website _____

Recommended By _____

Credit Card #

**Or you may pay by
Credit Card and
FAX to:
1-800-992-4232**



Expires _____ Credit Card Billing Zip Code _____

Security Code _____ Credit Card Billing Street # _____
(Last 3-4 digits on back of card)

Name on card _____

Signature _____

___ **1 YEAR \$285.00**
___ **2 YEARS \$515.00**

*Save \$55.00 when joining
for 2 years!!!*

Approximately 20% of Dues are not
deductible due to changes in IRS tax law.