



207 SIGMA DRIVE, PITTSBURGH, PA 15238
412/963.8909 FAX 412/963.1106 www.gpada.com

APPLICATION FOR DEALER MEMBERSHIP

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

Name of Dealership _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax _____ # of Employees _____

Web site _____ Email _____

All additional Email address for your staff to receive important Association Information

List Names of Franchises/Number of Roof tops _____

President/Owner/Partner _____

Dealer Annual Membership Dues.....\$350 – First store/ \$50 each additional store

I understand that y 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.

Signature of Owner or Partner _____

Date _____

Make check payable to: GPADA

Credit Cards are accepted for payment _____ Exp. _____