



Vermont Vehicle and Automotive Distributors Association MEMBERSHIP ENROLLMENT FORM

Members of the Vermont Vehicle and Automotive Distributors Association sell and service the vehicles that keep Vermont moving.

VADA provides the automotive industry in Vermont with legislative and regulatory assistance. Franchised and Non-Franchised Members can also access VADA's money saving insurance programs, including health, dental, life, disability and workers comp, along with benefits like Invest EAP, the Employee Assistance Program. VADA also operates Vermont AutoCAP, which helps resolve consumer complaints through mediation. All members receive the Vermont Drive Newsletter, discounts on meetings and trade shows, along with numerous sponsorship and networking opportunities.

COMPANY NAME _____ PRINCIPAL/OWNER _____ KEY CONTACT _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS) _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ FAX _____ EMAIL _____ WEBSITE _____

VADA Membership Dues: \$650 *Please indicate the appropriate membership category.*

- Franchised Dealer*** Any franchised dealer engaged in selling automobile, truck, motorcycle, farm tractor or motorized recreational vehicles. Must employ five or more people and be licensed as a dealer by the Vermont Department of Motor Vehicles.
- Non-Franchised Dealer*** Any business employing five or more people selling used vehicles, parts, tires, power or construction equipment, as well as those providing motor vehicle or auto body repair services.
- Associate** Any individual, business or organization associated with the motor vehicle industry that is not considered a Franchised or Non-Franchised Dealer.

**Franchised and Non-Franchised Dealers pay an additional fee when renewing membership based on vehicles sold/leased the prior year.*

Please send this form and a check for \$650 payable to VADA or provide credit card information below.
80% of VADA dues may be deducted as an ordinary and necessary business expense.

CARD # _____ EXP. DATE _____ CV # _____

VADA, PO Box 747, Montpelier, VT 05601

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