



DEALER APPLICATION

NEW MEMBERSHIP RENEWAL

2 Robinwood Dr., Searcy, AR 72143 • Ph. 501-268-8473 • Fax 501-268-2258

The purpose of our association is to do collectively for ourselves what we cannot accomplish individually for the benefit of all members.

Business Firm Name _____ Date _____
 Contact Name _____
 Second Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone () _____ Fax () _____

THIS INFORMATION IS FOR OUR ANNUAL MEMBERSHIP DIRECTORY

In Business Since _____ Products or Services Your Firm Provides _____
 Who Recommended Membership _____

A.I.T.D.A. Membership

Annual dues for Dealer Members are based on the total annual volume of sales.

Annual Volume of Sales	1 Yr. Dues	Amount Enclosed
Up to \$ 2.5 million.....	\$ 200.00.....	_____
Over \$ 2.5 million.....	\$ 400.00.....	_____

VISA MASTERCARD Acct. # _____
 Expiration Date _____ Signature _____

A.I.T.D.A. dues are not deductible as a charitable contribution for federal purposes, but may be deductible as a business expense.

Signature _____