



**Greater Cincinnati Automobile Dealers Association
Associate Membership Application**

The undersigned hereby makes application for Associate Membership in the Greater Cincinnati Automobile Dealers Association, agreeing to pay the fees and dues as provided in the GCADA Constitution By-laws.

Dues: \$500 / year

Applicant Information		
Contact Name: _____		
Company Name: _____		
Address: _____ _____		
Phone: _____	Fax: _____	e-mail: _____
Signature: _____		Date: _____

How is the company related to or service the automobile industry?

**Please send the completed application
along with the processing fee and three local references to:**

Sandy Moeller, GCADA
2315 Crowne Point Drive
Cincinnati, OH 45241

For Office Use Only

Application Received: _____ Check # _____

Board Approved: _____ Declined: _____

Welcome Packet Sent: _____