



ILLINOIS INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION



Yes! It is important to me to be recognized as a professional! Enclosed are my annual dues to ensure my business has all the advantages ILIADA/NIADA provides to put me at the forefront of my profession.

By completing this form, I am consenting to and giving ILIADA/NIADA, it's affiliates and subsidiaries, my permission to (until given written notice to discontinue) contact me and provide information to me at the mailing and e-mailing addresses, telephone and fax numbers I have provided. I certify that (I am or we are) eligible for membership in ILIADA. A portion of your dues will be used for lobbying activities as defined by the Revenue Reconciliation Act of 1993. It is estimated that the percentage used for such purposes will be 22.8%. This portion of your dues is not deductible as an ordinary business expense. Contributions or gifts are not deductible as charitable contributions for federal income tax purposes.

Member Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Cell Phone/Pager: _____ Fax: _____

E-Mail: _____ Website: _____

Recruited by: _____

I agree upon signing of this application and if accepted as a member, to uphold the bylaws, it's code of ethics, and all local, state and federal laws pertaining to the automobile business.

Signature (required); _____ Date: _____

\$299—Regular Membership: Regular membership is limited to any sole proprietorship, partnership or corporation which is engaged in buying and selling motor vehicles as a principal part of its business; holds a valid new, used or wholesale motor vehicle dealer's license issued by the state if Illinois Dept. of Motor Vehicles; and adheres to the code of Ethics of this association.

Dealer in: Used New Other (describe); _____

License #: _____

\$299—Associate Membership: Associate membership is limited to any sole proprietorship, partnership or corporation which is engaged in business related to or associated with motor vehicle dealers; has established place of business in Illinois; does not hold a new, used or wholesale motor vehicle dealer's license issued by the Illinois Dept. of Motor Vehicles; and, adheres to the code of Ethics of this association.

Payment Options:

Check made payable to "ILIADA" enclosed.

Please charge my (circle one): **VISA MasterCard** *Sorry we do not accept AMEX or Discover

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____



Mail To: ILIADA 129 S. Phelps Ave. Rockford Il. 61108