



Application for Motorcycle Dealer Membership

Application is hereby made for membership in the Wisconsin Automobile & Truck Dealers Association by:

DATE: _____ DEALER LICENSE NUMBER: _____

DEALERSHIP: _____

ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

INDIVIDUAL AUTHORIZED TO REPRESENT DEALERSHIP: _____

Dealership is franchised to sell:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

WATDA Membership Dues	
<u>MEMBERSHIP DUES</u>	
TOTAL AMOUNT DUE:.....	\$500.00

The undersigned, a licensed dealer of motorcycles in Wisconsin, hereby tenders this application and check for payment of membership in the Wisconsin Automobile & Truck Dealers Association membership year commencing **July 1 and ending June 30**, and does hereby accept and agree to abide by the Certificate of Incorporation, the Bylaws and such standards and practices as are properly adopted by the Association.

(Authorized Signature)



**Wisconsin Automobile & Truck
Dealers Association**

150 E Gilman • Madison, WI 53703 • 608-251-5577 • FAX: 608-251-4379