



Membership Division • P O Box 53305 • Oklahoma City, OK 73152
 405-521-1295 • 405-524-8377 (fax)

OADA ALLIED MEMBERSHIP APPLICATION

Yes, sign me up!

X

(Signature required to process membership)

Title: Chairman President Owner General Manager Other

| | |
|----------------------------------|--|
| Name: | |
| Company: | |
| Street Address: | |
| Mailing Address: | |
| City/State/Zip: | |
| Phone #: | |
| Fax #: | |
| E-mail Address: | |
| Dealership Web Site: | |
| Franchise(s): | |
| Spouse/Significant Other: | |
| Home Address: | |
| Home City: | |
| Home State: | |
| Home Zip: | |
| Home Phone: | |

| Dues | Annual Dues |
|---------------------------------------------------------------------|------------------------------------------|
| <p>Dues are based on a calendar year.</p> | <p><input type="checkbox"/> \$500.00</p> |
| <p>PLEASE RETURN COMPLETED COPY WITH PAYMENT. THANK YOU!</p> | |

