

SCADA Office Use:

MEMBER#: _____
DB: _____
EMAIL: _____
MC: _____
CVENT: _____



MEMBERSHIP APPLICATION

Please fill out the below information and return to Jordanne Rast via fax, 803.252.5965, or email, jrast@scada.org.

DEALERSHIP NAME

DEALER LICENSE NUMBER

NEW CAR AND/OR TRUCK FRANCHISES BY MAKE

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

COUNTY

WEBSITE

FULL NAME OF DEALER (FIRST NAME, MI, LAST NAME, SUFFIX)

PREFERRED NAME

TITLE

SPOUSE NAME

HOME ADDRESS

CITY

STATE

ZIP CODE

HOME/CELL PHONE NUMBER

EMAIL ADDRESS

FULL NAME OF GENERAL MANAGER (FIRST NAME, MI, LAST NAME, SUFFIX)

EMAIL ADDRESS

FULL NAME OF AUTHORIZED REPRESENTATIVE (FIRST NAME, MI, LAST NAME, SUFFIX)

TITLE

EMAIL ADDRESS

SIGNATURE OF DEALER OR AUTHORIZED REPRESENTATIVE

TITLE

DATE

PRINT NAME