

SCADA Office Use:

MEMBER#: \_\_\_\_\_  
DB: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
MC: \_\_\_\_\_  
CVENT: \_\_\_\_\_



## MEMBERSHIP APPLICATION

*Please fill out the below information and return to Michelle Corbett via fax, 803.252.5965, or email, mcorbett@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

\_\_\_\_\_  
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