



MEMBERSHIP APPLICATION

Please fill out ALL the below information and return to Membership Services via fax, 803.252.5965, or email, info@scada.org.

DEALERSHIP NAME & D/B/A

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

PRINT NAME

DATE: _____