



ASSOCIATE MEMBERSHIP APPLICATION

Please fill out the below information in its entirety and return to SCADA Attn: Membership Services, 526 Hampton Street, Columbia, SC 29201. A dues payment of \$1,000, by business check, must be submitted with the application for it to be reviewed.

****Please note that dues will not be prorated during the year and all renewals begin on July 1.****

BUSINESS NAME WEBSITE

NAME OF PRIMARY REPRESENTATIVE (included in membership fee) TITLE

ADDRESS: STREET P. O. BOX

CITY STATE ZIP CODE

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TELEPHONE FAX E-MAIL ADDRESS

NAME OF ADDITIONAL REPRESENTATIVE (additional \$25 fee) TITLE

ADDRESS: STREET P. O. BOX

CITY STATE ZIP CODE

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TELEPHONE FAX E-MAIL ADDRESS

PLEASE SUMMARIZE THE NATURE OF YOUR BUSINESS AND ATTACH ANY LITERATURE AVAILABLE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. HOW MANY SC DEALERS ARE CURRENTLY USING YOUR SERVICE(S)?
 0-10 10-50 50-100 100+
- 2. DOES YOUR BUSINESS HAVE AN AUTO DEALER DIVISION? Yes No

DEALER REFERRAL OR DEALER YOU CURRENTLY DO BUSINESS WITH:

DEALER NAME DEALERSHIP

SIGNATURE OF PRIMARY REPRESENTATIVE DATE

PRINT NAME

526 Hampton Street, Columbia, South Carolina 29201 | (803) 252-0205