



2020 MEMBER RENEWAL

BUSINESS INFORMATION

Member Name:

Title:

Company Name:

Company Address:

City:

State:

Zip:

Business Phone:

Business Fax:

Email Address (*required*):

Website:

PERSONAL INFORMATION

Address:

City:

State:

Zip:

Personal Phone:

Ext.

OTHER INFORMATION

Preferred mailing address: Business _____ Personal _____ (*Check one*)

Ethnicity: African American _____ Asian American _____ Hispanic American _____ Native American _____

Other _____ (*for Statistical Purposes Only*)

Membership Classification: *Premier \$500, Affiliate \$140, Next Gen \$100, Dealer Candidate \$150* (*Please circle one*)

Line Group Affiliation: GMMDA / Ford MDA / TLMDA / CMDA (*Circle all that apply - If applicable*)

MEMBERSHIP DUES

Payment Type: [Check**] [Credit Card]

**** If paying by company check, please ensure that members name appears on check or include invoice with payment**

*Total Remitted: \$

** Premier dues are on a per Dealership basis.*

Visa ___ MC ___ Amex ___ Card # _____ Exp. Date: ____ / ____ CVV #: _____

Name as it appears on card: _____ Signature: _____

Please remit all payments to:

National Association of Minority Automobile Dealers (NAMAD)

Membership Department
9475 Lottsford Rd, Suite 150
Largo, Maryland. 20774
Fax (301)-306-1493

Thank You!