



National Motorcycle Dealers Association Membership Application

ASSOCIATE MEMBER INFORMATION

Company Name: _____
Person to Contact: _____
Address: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Telephone: _____
Fax: _____
E-mail Address: _____
Website URL: _____
Referred By: _____

CATEGORY

Motorcycle Manufacturer/Assembler Manufacturer Representative
 Insurance Company Internet
 Finance Company Component Supplier
 Consultant Computer/Software Company
 Distributor Advertising/Promotional
 Insurance Products Accessory Manufacturer
 Clothing Manufacturer State Association
 Riders Association
 Other (describe) _____

MEMBERSHIP ANNUAL DUES

Membership Fee: starts at \$600.00 USD (USA) starts at \$775.00 CDN (Canada)

Payment Type:

Credit Card:
 Visa Cardholder: _____
 MasterCard Card Number: _____
 Discover Expiration Date: _____
 Check: Make checks payable to **NMDA**

Authorized Signature: _____

Please fax to 480-860-0425 or mail the application to:

NMDA
9346 N. 94th Way
Scottsdale, AZ. 85258-5510

If you have any questions about the NMDA, call 800-717-7970 or visit www.nmda.us