



National Motorcycle Dealers Association Membership Application & Product Selection Form

- DEALER INFORMATION -

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

I would like information on the following NMDA-Endorsed Programs:

- | | |
|--|---|
| <input type="checkbox"/> Motorcycle Warranties (Except in FL) | <input type="checkbox"/> Vehicle Security-GPS |
| <input type="checkbox"/> Gap Insurance (Except NV, NY, TX, WI) | <input type="checkbox"/> Motorcycle Floor Plan Financing, New and Used |
| <input type="checkbox"/> Motorcycle Rental Insurance | <input type="checkbox"/> Motorcycle Retail Bank Financing, New and Used |
| <input type="checkbox"/> Liability & Collision Insurance (Nationwide) | <input type="checkbox"/> Motorcycle Rental Fleet Leasing |
| <input type="checkbox"/> Business Liability Coverage | <input type="checkbox"/> Retail Credit Card Processing |
| <input type="checkbox"/> Rental Software | <input type="checkbox"/> Advertising/Promotional Items |
| <input type="checkbox"/> Manufacturer Product Liability Insurance | <input type="checkbox"/> Clothing and Parts Volume Discounts |
| <input type="checkbox"/> Garage Liability/Open Lot Coverage | <input type="checkbox"/> Finance and Insurance Training |
| <input type="checkbox"/> Group Health and Life Insurance | <input type="checkbox"/> Business Management Services |
| <input type="checkbox"/> Spot Insurance (Drive Away Insurance) | <input type="checkbox"/> Tire and Wheel Coverage (Except in CA & FL) |
| <input type="checkbox"/> Dealer Bonds | <input type="checkbox"/> Advertising/Promotional Items |
| <input type="checkbox"/> Etch Theft Protection (Except in CA, FL, MI, NY & WI) | |

Annual Membership Dues:

Membership Fee: \$50.00 USD (USA) \$65.00 CDN (Canada)

Payment Type:

— Credit Card:

— Visa Cardholder Name: _____
— MasterCard Card Number: _____
— Discover Expiration Date: _____

— Check (Please make checks payable to NMDA)

Authorized Signature: _____

Applications accompanied by a credit card payment may be faxed to **(480) 860-0867**.

-OR-

Applications paid by check may be mailed to: **NMDA**, P.O. Box 6545, Scottsdale, AZ 85261-6545

If you have any questions about the NMDA, we can be contacted toll free at **(800) 717-7970** or visit our website located at www.NationalMDA.com