

Hawaii Independent Automobile Dealers Association Membership / Renewal Application

Business Name	Motor Vehicle Dealer #
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Principal Contact	How Many Years In Business?
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Business Address	City	State	Zip Code
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Mailing Address (if different than above)	City	State	Zip Code
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Telephone #	Fax #	E-mail Address
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Web page address

TYPE OF MEMBERSHIP: (please place an X on the appropriate line)

Dealer **Dues Period:** January 1, 2008 – December 31, 2008

Prospective Dealer **Dues Amount:** \$225.00

Associate

Please mail your check and completed application/renewal form to:

**Hawaii Independent Automobile Dealers Association (HIADA)
2027 Republican St.
Honolulu, HI 96819**

www.hawaiiada.com or contact president@hawaiiada.com

Dues are deductible for federal income tax purposes as ordinary and necessary business expenses
 HIADA Federal Taxpayer ID #46-0475791