



Adaptive Driving Alliance

APPLICATION FOR MEMBERSHIP

Corporate / Main Location:

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Owner _____ Email _____

Principal Contact _____ Email _____

Contact for Leads _____ Email _____

General Manager _____ Email _____

General/Store Manager _____ Email _____

General Service Manager _____ Email _____

Service Manager _____ Email _____

Accounts Payable Contact _____ Email _____

[See attached page for multiple locations.](#)

Requirements

Members must meet minimum requirements. Please check the following to certify you meet this criteria:

- QAP Dealer
- Member of NMEDA
- Provide Liability Insurance
- 24-hour emergency assistance
- Provide call-back assistance within ½ hour
- Must have at least one demonstration vehicle
- Do you have inventory listed on your website? (Not required)
Send jpg image of your logo to pmusso@adamobility.com

Agreement

Upon signing this Agreement, member hereby agrees to the following terms and conditions:

- Agrees to maintain above requirements.
- Abides by the ADA Dealer and Reciprocal Service Agreements.
- This Agreement covers dues at \$750.00 per quarter; or \$3,000.00 annually.
- Dues will be invoiced quarterly and payable within thirty (30) days of the invoice date.

Signature _____ Title _____

Print Name _____ Date _____

Other Locations:

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

General/Store Manager _____ Email _____

Service Manager _____ Email _____

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Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

General/Store Manager _____ Email _____

Service Manager _____ Email _____

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Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

General/Store Manager _____ Email _____

Service Manager _____ Email _____

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General/Store Manager _____ Email _____

Service Manager _____ Email _____

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Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

General/Store Manager _____ Email _____

Service Manager _____ Email _____