

Washington State Motorsports Dealer Association

MEMBERSHIP INVOICE

FISCAL YEAR ENDING MARCH 31, 2015

Dealership Name _____ Contact Person _____

Address _____ City _____ State _____ Zip _____

Tel: _____ Fax: _____ Owner/GM E-Mail _____

MEMBER CATEGORY (Check One)

Franchised Motorsports Dealer..... \$500.00

Franchised Motorsports Dealer (under \$6m annual sales)..... \$350.00

Associate Member (Vendors, Independent shops) \$300.00

Individual Member (Reps, Agents, Industry Friends, etc.) \$150.00

PAY BY CREDIT CARD

Fax this form to 360-530-7847 (secure fax)

Type of card VISA MC Name on card _____

Card Number ____ / ____ / ____ / ____ Expiration date __ / ____

PAY BY CHECK

Mail your check and this form to:

WSMDA Membership 2012

P.O. Box 1157

Lynnwood, WA 98046

WSMDA is your VOICE!

A thriving industry means a growing business . . .for you!

P.O. BOX 3338 / ARLINGTON, WA 98223

(425-359-7701 / info@wsmda.org / <http://www.wsmda.org>)