

ADOMA

Membership APPLICATION

Auto Dealers Office Management Association

360 E. First St, #891
Tustin, CA 92780
Tel: 714/881-7067
Email: adomaoffice@gmail.com

Date: _____

* Please print and fill out all fields

| Affiliate Dealer (2nd Location) (\$50) | |
|--|-------|
| Name: | _____ |
| Company: | _____ |
| Address: | _____ |
| Address 2: | _____ |
| Email: | _____ |
| Owner's Name & Email: | _____ |

Re: ADOMA 2018 Membership

Chapter Affiliation: _____

Join -- build peer networks with other industry professionals. Share best-practices!

☐ **Member: \$150 Dealership or Associate Allied Member** ☐ **(\$50 for second location)** \$ _____

- * 1 annual membership
- * Discounts on attending and participating in monthly educational meetings and conference.
- * Name and Company listing in the membership directory on the www.adoma.org website
- * Listing in ADOMA's annual printed directory (distributed at Conference)
- * Job Bank posting of open positions for 60 days on website with marketing link
- * Education article(s) for the NewsTrax newsletter (must be education based not a solicitation)

☐ **Platinum Vendor Sponsorship for Service Firms: \$500.00**

Designed to serve the marketing needs of our vendors. Benefits include the items listed below (limited to first 24 firms annually on a first-come, first-serve basis):

\$ _____

- * 1 annual membership
- * Discounts on attending and participating in monthly educational meetings and conference.
- * Name and Company listing in the membership directory on the www.adoma.org website
- * Logo (300 x 300 .png), Name and Company listing on the Vendor Sponsor page on the website
- * Listing in ADOMA's annual printed directory (distributed at Conference)
- * Job Bank posting of open positions for 60 days on the website and link to newsletter
- * 1 acknowledgement as Vendor of the Month at chapter meetings, newsletter, and website. *You choose month:* _____
- * 1 full-page newsletter ad (size 7 1/2" x 9 5/16".pdf). Your ad is highlighted as Vendor of Month on website.
- * Education article(s) and business card ad (3.5" x 2" .pdf) for the newsletter (education based, not a solicitation)

TOTAL DUE: \$ _____

ADOMA Membership Payment - term thru 12/31/2018

| REMITTANCE | MEMBERSHIP DIRECTORY INFORMATION (Please Print) |
|--|---|
| Date: _____ | Type of Business: _____ |
| <input type="checkbox"/> Check #: _____ | Description of Business: (max 30 words) |
| <input type="checkbox"/> PayPal: <u>visit www.adoma.org</u> | |
| Amount Enclosed: _____ | |
| Primary Representative Name: _____ | Email: _____ |
| Associate (2nd) Representative Name: _____ | Email: _____ |
| Company Address: _____ | Office #: _____ |

Make all checks payable to **ADOMA**
Mail this form in with your payment to the ADOMA office.

Thank you for your support!