

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

Date: _____

Check #: _____

PayPal: [visit www.adoma.org](http://www.adoma.org)

Amount Enclosed: _____

MEMBERSHIP DIRECTORY INFORMATION

(Please Print)

Type of Business:

Description of Business:
(max 30 words)

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!