

Membership APPLICATION FORM

360 E. First Street, #891, Tustin, CA 92780 714/881-7067 * adomaoffice@gmail.com * adoma.org

□ \$200.00 - DEALERSHIP or ASSOCIATE ALLIED MEMBERSHIP (non-dealer) □ \$75.00 - ADDITIONAL FRANCHISE (second location) or AT-LARGE (outside affiliation areas) □ \$600.00 - PLATINUM VENDOR SPONSOR - Preferred month Platinum Sponsor to be honored?			
□ Date: Refe	erred by (if new)		
Dealership / Company:			
Primary Contact:Address:			
Business Phone: ()			
Owners Name			
Associate (receive emails)			
Business Type:			
Affiliation Areas (select one): ☐ Inland Empire ☐ Sacramento / Bay Areas	□ Los Angele □ San Diego		nty iness address is outside of an area)
ADDITIONAL DEALER FRANCE (applies to "second location" under a	\$200.00 Primary Franch	ise or Associate)	ME OWNERSHIP
Primary Contact Name			
Email			
Address			
Business Phone ()			
Business Type:			
Affiliation Areas (one per membership)	□Inland Empire □Sacramento / Bay Areas	□Los Angeles □San Diego	☐Orange County ☐At-Large
If needed, copy this form for additional franchise or associated membership at \$75.00			
DUES & STATUS \$200.00 Membership (Primal \$600.00 Platinum Vendor Section Sect	ponsor arship Donation – Volunta Make check pay	ry vable to ADOMA	Check #