



360 E. 1st Street, #914, Tustin, CA 92780
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2012
APPLICATION / RENEWAL
& SPONSOR SIGN UP
Due Date: 1/31/2012

- \$125.00 - DEALERSHIP or ASSOCIATE ALLIED MEMBERSHIP**
- \$35.00 - ADDITIONAL FRANCHISE** (second name listing) or **AT-LARGE** (outside chapter county)
- \$500.00 - PLATINUM VENDOR SPONSOR** Preferred month of Sponsor advertising? _____
- Date: _____ Referred by (if new) _____

Member Name (Company): _____

Primary Contact: _____ Title: _____

Address: _____ City: _____ Zip: _____

Business Phone: () _____ Fax () _____ Email _____

Dealers Name _____ Email _____

Associate (receive emails) _____ Email _____

Business Type: _____

Chapter Affiliation (one per membership): Inland Empire Los Angeles Orange County
 At-Large (business address is outside of a chapter area – i.e., San Diego and Tri-County)

ADDITIONAL FRANCHISE - \$35.00 OPERATING UNDER THE SAME OWNERSHIP
 (applies to "second location" only under a \$125.00 Primary Franchise or Associate)

Member Name (Company) _____

Primary Contact Name _____ Title _____

Email _____ Dealers Name _____

Address _____ City _____ Zip _____

Business Phone () _____ Fax () _____

Business Type: _____

Chapter Affiliation (one per associated member application)
 Chapter Affiliation (one per membership) Inland Empire Los Angeles Orange At-Large: San Diego or Tri-County

IF NEEDED, COPY THIS FORM FOR ADDITIONAL FRANCHISE OR ASSOCIATED MEMBERSHIPS @ \$35 EACH.

DUES & STATUS (12 Mo. Term)

- \$125.00 Membership (Primary)**
- \$35.00 Additional Franchise (2nd name listing)
- \$500.00 Platinum Vendor Sponsor
- \$_____ Scholarship Donation – Voluntary

Total Due: \$ _____

ADS & SPONSORSHIPS

- News Advertising: size _____ # of Mo. _____ Cost: \$ _____
- Conference Sponsorship (list item or items)

Selection item: _____

Selection item: _____

Donation item: _____

Cost: \$ _____

Check made payable to ADOMA Ck# _____ AMOUNT ENCLOSED: \$ _____

Pay by Credit Card: We will send you an electronic invoice to pay via PayPal online merchant service.

Received by ADOMA office _____ date.
 Forward to Treasurer _____ date.