

CMDA Associate Member Benefits



Group Workers' Compensation Insurance Program



Full-Time Lobbyist in Sacramento



Dealer Human Relations/Labor & Employment Law Program



Free Legal Service – 15 Minutes per issue, 4 times/year



Make \$ With the CMDA's Electronic Registration Program



Late Breaking CMDA News Alerts Keep You Informed



SB 198 Workplace Injury and Illness Prevention Plan



Your Business Is Listed In Every Newsletter



Advertise With Your Paid Display Ad in Our Quarterly Newsletters

**Join the CMDA,
Today!**

Application for Associate Membership in the California Motorcycle Dealers Association

Full Name: _____ Title : _____

BUSINESS PRINCIPAL

Name of Business: _____

Type of Business: Corporation Partnership Sole Proprietorship

Business Address: _____

City: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Business Website: _____

Business Principal e-mail Address: _____

If applicable, what is the approximate number of used vehicles sold in the last 12 months?

Motorcycles: _____ ATVs: _____ PWCs: _____ = Total Vehicles: _____

What is the nature of your business? Please provide a brief description of your business and/or the types of services you offer:

I understand that by submitting this application, I am applying for Associate Membership in the California Motorcycle Dealers Association and will pay the applicable annual dues which are currently calculated as follows. Please check the box of the appropriate type of membership being applied for.

For businesses and professionals which provide services to our industry such as: legal counsel, insurance services, financial services or motorcycle industry publications.
Annual Dues: \$199.00

For businesses directly involved in the powersports industry, such as: used motorcycle, ATV, UTV or PWC dealers, accessory stores, service centers, performance shops, customizing shops, and manufacturers or distributors of industry-related items and accessories, etc.
Annual Dues: \$199.00

Note: If you have multiple locations, each store must be a CMDA member to participate.

Signature: _____ Date: _____

BUSINESS PRINCIPAL

**Please return this application with your payment to: California Motorcycle Dealers Association
P. O. Box 399, Lake Elsinore, CA 92531
(951) 471-1500 Fax: (951) 471-1577
www.camda.net**