

MEMBERSHIP APPLICATION



Mail To: NAFRD Membership Department
2521 Brown Boulevard
Arlington, Texas 76006-5203 *or*
Fax To: 817-649-5866

Questions: Call 817-649-5858

Company Name: _____
Mailing Address: _____
Physical Address: _____
(if different)
Phone Number: _____
Fax Number: _____
Website Address: _____
Email Address: _____
Dealer License #: _____

Company Demographics *(please check all that apply):*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Pickup Service | <input type="checkbox"/> Rental Cars | <input type="checkbox"/> Emergency Wrecker Service | |
| <input type="checkbox"/> Mechanical Shop | <input type="checkbox"/> Title Service | <input type="checkbox"/> Salvage Operations | |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Large Trucks | <input type="checkbox"/> Body Shop | <input type="checkbox"/> Secure Storage |

How many used fleet vehicles did you purchase directly from a lessor or fleet user company in the last twelve months? _____

Please list two fleet or lessor references:

Company Name	Contact Person	Phone Number
1. _____		
2. _____		

YES, it is important to me to be recognized as a professional! Enclosed are my annual dues of \$375 to make sure that my business has all the advantages NAFRD provides to put me at the forefront of my profession.

METHOD OF PAYMENT: Enclosed is a check made payable to NAFRD

- Visa MasterCard American Express Discover

Cardholder's Name

Expiration Date

Card Number and Security Code

Cardholder's Signature