



## NEW ASSOCIATE MEMBERSHIP APPLICATION FORM

COMPANY:			
ADDRESS:			
TELEPHONE:		FAX:	
EMAIL:		WEB SITE:	
Business Owner/President/GM:			
Main Contact(s) Person for MMDA:			

BRIEFLY DESCRIBE YOUR COMPANY'S BUSINESS AND ASSOCIATION  
TO THE MEMBERS OF THE MANITOBA MOTOR DEALERS.  
(This information is used in our newsletter to introduce you to our members.)

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DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

We appreciate your interest in becoming part of our association.  
Please forward this application and your cheque to:

**Manitoba Motor Dealers Association**  
112-1790 Wellington Avenue  
Winnipeg, MB R3H 1B2