



**MEMBERSHIP APPLICATION**

Our firm is engaged in the automotive aftermarket sales and/or service of automotive parts and equipment. We provide quality parts/service and maintain a financial position sufficient for a successful operation.

We wish to apply for membership in the KENTUCKY/INDIANA AUTOMOTIVE WHOLESALERS ASSOCIATION, and thereby, through friendly teamwork, have a more active participation in the affairs of our industry, as well as share in the services of the Association.

We have checked below our membership classification and dues category, and hereby certify to be of the correct classification. We understand that annual dues are based on our total number of full-time (30 hours or more per week) employees, including branch stores when applicable.

Table A: Membership Classification		
Member Type	Class	Dues
Wholesaler Member <i>(Member Branch Mailing)</i>	1 1a	See Table B \$95
Warehouse Member	2	See Table B
Garage/Service Member	3	\$165
Associate Member	4	\$165
Affiliate Member <i>(retired)</i>	5	\$25
Sponsoring Member	6	\$1200
Tire Dealer Member <i>(Member Branch Mailing)</i>	7 7a	See Table B \$95

Table B: Classification by number of employees		
Employees	Class	Dues
1-4	A	\$165
5-10	B	\$220
11-16	C	\$275
17-22	D	\$330
23-28	E	\$385
29+	F	\$440

WE ARE APPLYING FOR MEMBERSHIP IN CLASS:  
 1 \_\_\_ 1a \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 7a \_\_\_

OUR NUMBER OF EMPLOYEES IS IN GROUP:  
 A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_ E \_\_\_ F \_\_\_

Offered with the application is our check or Credit Card information for \$ \_\_\_\_\_ which covers our dues for the 12 months which will begin with the first of the month following acceptance of this application. It is our understanding that the full amount will be refunded if, for any reason, our firm does not qualify for membership at this time.

APPLICANT FIRM: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 P.O. BOX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 FAX: (\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

Credit Card Information
Card Number: _____
Expiration Date: ____ / ____
I authorize KIAWA to charge my credit card for the amount listed above.

Sponsored by: \_\_\_\_\_

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

**Please send completed form with your check or credit card info to:  
 KIAWA, PO Box 68, Dublin, OH 43017-0068**