



A healthy industry requires a healthy dealer channel with a common voice - supporting NPDA's mission as a Partner allows Partners to grow their own business by supporting the growth and excellence of the industry's dealers.

# PARTNER APPLICATION

Company Name:		Owner or POC:	
Address:			Phone:
City:	State:	Zip:	Fax:
Email:		Website:	
Were you referred? If so, please let us know who!:		How did you hear about us?:	

What Services Do You Offer?:
What Products Do You Offer?:

Partnership Level	Description	Annual Rate
Partner	Any business that wants to support NPDA and the advancement of powersports dealers.	\$5,000
Strategic Partner	Offers products or services to members with revenue sharing to NPDA	\$15,000
OEM Partner	A powersports vehicle manufacturer doing business in North America.	\$30,000
Non-Profit Partner	Trade or consumer organizations that share common goals or membership with NPDA.	\$1,000 or in Kind

Please Remit to: NPDA • 435 S. Washington St. Falls Church, VA 22046

**TOTAL DUE \$** \_\_\_\_\_  Check enclosed payable to NPDA for Annual Amount **OR** Charge my:  VISA  MC  DISC  AMEX

\_\_\_\_\_  
Name on Card

CC#: \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_ Signature: \_\_\_\_\_

As an additional service to you, your annual partnership will automatically renew each year on your renewal date by charging the same credit card used in this membership transaction.  I agree  I do not agree.

As a partner of NPDA, our company agrees to abide by the constitution, bylaws and code of ethics as they are now, or as they may be hereafter amended, support NPDA'S objectives and interests so far as our time and ability permit; and pay dues established for such partnership. The prospective partner's representing that all of the information provided is true and accurate; and acknowledges that the NPDA Board of Directors is relying on the truth and accuracy of this application and that partnership may be denied or terminated if it is determined that the information provided is not true and accurate.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call or email Kim Harrison at (844) 673-2266 (info@npda.org)