

Member _	
Code	Date:

P.O. Box 821665, Vancouver, WA 98682 • Ph 800.336.4275 / Fax 800.980.9420

$F\&I\ 20\ Group\ Membership\ Application$

Dealership Name					
Mailing Address					
City, State, Zip					
Dealer Name		Dealer E-Mail Address			
Participant Name	Title		Participant E-Mail Address	:	
Mailing Address (if diffe	erent than address above)				
City, State, Zip					
Phone:	Fax:				
Years in Position	Total \$ Sales / yr.		# New Units Sold / Yr.	# Used Units Sold / Yr.	
List all vehicle makes so	old at the above location.				
			the group for which you are apply these questions, please explain	plying in any area of your dealership in on back.	
Is your business primaril	y: (Please circle one)				
<u>RV</u> Towables - Mo	•	Marine	Auto Domestic	c - European - Pacific Rim	
List the names of each d	lealership / franchise in wh	ich any princ	cipal in your dealership owns ar	n interest.	
	t will be e-mailed to the de	aler principa	l upon approval of the applicati	opy of the Bylaws, release authorization, ion. Please enclose a copy of a job	
		Or via fax to	O. Box 821665, Vancouver, Work 800.980.9420 all Kelly Enterprises at 800.336		
Signature			Title		
Printed Name					