



P.O. Box 54563
 Lexington, KY 40555
 Phone: 859-684-5411
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www.DealerCPANetwork.com

CONFIDENTIAL MEMBERSHIP APPLICATION

Firm Name:	
Primary Address: (City, State, Zip)	
Designated Firm Representative: (include desired noted credentials)	
Telephone:	
Fax Number:	
Website Address:	
Email Address:	
Branch Office Address(es):	
Number of Auto Dealership Clients:	
Annual Revenue From Services to Auto Dealerships:	\$

Please list the partners who work in the auto dealership industry and the percentage of time devoted to this industry.

Name of Partner	% of Time	Provide Email Address to Subscribe to DealerCPA Network Email Communications (Listserve)
1.		
2.		
3.		
4.		

Please list other personnel who work in the auto dealership industry & percentage of time devoted to this industry:

Name and Position	% of Time	Provide Email Address to Subscribe to DealerCPA Network Listserve (optional)
1.		
2.		
3.		
4.		
5.		
6.		

ANNUAL MEMBERSHIP AGREEMENT

The undersigned hereby applies for membership in DealerCPA Network as the member in the territory(ies) shown below and if accepted agrees to comply with its by-laws, rules and regulations. We agree to pay dues in advance in the amount of **\$3,500.00** for the firm for the calendar year.

Applicant acknowledges that, if accepted for membership, they will be granted exclusive rights of membership in the territory(ies) set forth below. By virtue of membership in DealerCPA Network, CPA firms have access to information, materials and association with noncompetitive peers not available to other CPA firms. In consideration of these and other benefits received by members of DealerCPA Network, applicant agrees to the following:

Applicant agrees to conform to the bylaws of DealerCPA Network, including the recognition of the territorial limitations. Member will not, for example, distribute or use materials provided by or through DealerCPA Network outside the territories defined in this application and agreement. Further, upon termination of membership, applicant agrees to discontinue using any materials which indicate it is affiliated with DealerCPA Network and destroy any marketing materials or publications produced by, for, or with the assistance of DealerCPA Network and to return any manual, seminar presentation guides, or other materials provided by or for DealerCPA Network immediately upon termination of membership.

TERRITORY(IES): _____

COUNTY(IES): _____

STATE(S): _____

I commit to attend at least one DealerCPA Network conference per year, contribute to the Members' Resource Bank by providing at least one article, white paper or practice management tool per year, and actively participate in the Listserve. Also, I commit to participate on a task force or committee within the first two (2) years of membership.

_____ Initial

Print Name: _____

Title: _____

Signature: _____

Please make checks payable to:

DealerCPA Network, Inc.

P.O. Box 54563

Lexington, KY 40555

ACCEPTED:

DealerCPA Network, Inc.

By: _____

Date: _____