



<b>LA MARINE AND MOTORCYCLE DEALERS' ASSOCIATION</b>		
<b>BUSINESS INFORMATION</b>		
Name:		
Company Name:		
Mailing address:		
Phone:	Fax:	E-mail:
City:	State:	ZIP Code:
<b>LMMDA DUES STRUCTURE</b>		
Category	Membership	Dues Amount (select one)
Category 1/ Dealer	Dealer Membership	\$300
Category 2/ Supplier	Associate Membership	\$150
Membership year begins January 1 <sup>st</sup> and ends the following December 31 <sup>th</sup> .		
Make checks payable to LA Marine and Motorcycle Dealers' Association		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form is correct. I have received a copy of this application.		
Signature of Business Owner:		Date:
<b>LMMDA ADDRESS</b>		
<b>Please Remit Payment to:</b> La Marine and Motorcycle Dealers' Association P.O. Box 82901 Baton Rouge, LA 70884		