



SAN JOAQUIN VALLEY AUTO DISMANTLERS ASSOCIATION

An affiliated chapter of the State of California Auto Dismantlers Association

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APPLICATION FOR ASSOCIATE MEMBERSHIP

I, the undersigned, hereby apply for Associate membership in the San Joaquin Valley Auto Dismantlers Association (SJVADA), a non-profit California corporation. I understand that my operation must be engaged in the business of supplying goods and/or services related to the auto and truck dismantling industry.

FIRM NAME _____

ADDRESS _____

PHONE _____ FAX _____

TOLL FREE _____

WEBSITE _____ E-MAIL _____

NAME OF PRIMARY CONTACT _____

TYPE OF BUSINESS OR SERVICE _____

ADDITIONAL INFORMATION _____

PROCEDURE:

Enclose a check for \$200. There is no application fee. You will be billed annually in the future.

I hereby certify that the above information is correct, and agree to forward any updated information immediately. I agree to comply with SJVADA Bylaws and the rules, regulations and decisions of duly established committees of the association.

I hereby authorize SJVADA and SCADA (State of California Auto Dismantlers Association) to communicate industry and other information to me via the fax number and e-mail address listed above.

SIGNATURE OF APPLICANT _____

DATE _____