



MEMBERSHIP APPLICATION | PAGE 1

Organization Info

Organization

Organization Address

City

State

ZIP

Parish

Member Info

First Name

Last Name

Suffix

Office Phone

Fax

Mobile

Title

Email for LITDA Communications

Home Address (For Legislative Affairs)

City

State

ZIP

Parish

Additional Location Info

Additional Location/Branch Name

Manager's First Name

Manager's Last Name

Additional Location/Branch Address

Additional Location/Branch Email Address

City

State

ZIP

Branch Phone

Additional Location/Branch Name

Manager's First Name

Manager's Last Name

Additional Location/Branch Address

Additional Location/Branch Email Address

City

State

ZIP

Branch Phone



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Membership Selection

LITDA has two levels of membership: the Tire Dealer (independent tire dealers, wholesalers, and retreaders) and the Vendor (non-independent tire dealers, suppliers, and other industry-related persons). The first year's dues of a NEW member joining the LITDA are offered on a prorated basis: 1st Quarter – 100%, 2nd Quarter – 75%, 3rd Quarter – 50%, and 4th Quarter – 25%.

Membership Type _____

Dues Calculator

Selection	Amount	Total								
Primary Membership	\$200	\$ _____								
Secondary Membership	\$25 x _____	\$ _____								
Prorated Deduction (see above)	<table border="0"> <tr> <td>1st</td> <td>2nd</td> <td>3rd</td> <td>4th</td> </tr> <tr> <td>- \$0</td> <td>-\$50</td> <td>-\$100</td> <td>-\$150</td> </tr> </table>	1 st	2 nd	3 rd	4 th	- \$0	-\$50	-\$100	-\$150	- \$ _____
1 st	2 nd	3 rd	4 th							
- \$0	-\$50	-\$100	-\$150							
TOTAL		\$ _____								

Payment Info

Payment Type _____

Amount Enclosed/Authorized _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Name on Card (If Different) _____

Billing Address (If Different) _____

City _____

State _____

ZIP _____

Email Address (If Different) _____

Payments to LITDA are not deductible as charitable contributions for federal tax purposes. However, dues payments and other fees may be deductible as ordinary and necessary business expenses. Please consult your tax professional for information.

Pledge of LITDA Membership

I hereby apply for membership in the Louisiana Independent Tire Dealers Association. I am an Independent Tire Dealer, Retreader, or Vendor in the Industry. I agree that if I am accepted into membership, I will abide by the Bylaws of the Association to the best of my ability; I will strive to improve the industry to which I belong; and I will insist on my Association doing the same.

Send your completed form (pages 1 & 2) to LITDA via
email: LITDA@tatmangroup.com or mail: PO Box 82531, Baton Rouge, LA 70884

Louisiana Independent Tire Dealers Association (LITDA)
PO Box 82531, Baton Rouge, LA 70884 | www.LITDA.org | LITDA@tatmangroup.com | (225) 351-1370