



# SOUTHERN EQUIPMENT DEALERS ASSOCIATION

115 PARK PLACE, DUBLIN, GA 31021

TEL: (478) 272-5400 ♦ FAX: (478) 272-1015

EMAIL: seda@seda-assn.com

## APPLICATION FOR MEMBERSHIP

### COMPANY INFORMATION

Company Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Website \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Home phone \_\_\_\_\_ Birthdate \_\_\_\_\_

### SPOUSE

Name \_\_\_\_\_

### CHILDREN

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### DEALERSHIP

APPROXIMATE PORTION OF TOTAL SALES:

Farm \_\_\_\_\_% Industrial \_\_\_\_\_% Irrigation \_\_\_\_\_% Outdoor Power \_\_\_\_\_% Turf \_\_\_\_\_% Other \_\_\_\_\_%

LINES SOLD:

\_\_\_\_\_

Legal Form of Business: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Year Business was Established \_\_\_\_\_ Years Operated by Current Owner \_\_\_\_\_

Other Store Locations (Please list) \_\_\_\_\_

\_\_\_\_\_

### INFORMATION, BENEFITS & SERVICES

**PLEASE CHECK** the following Association-sponsored services or programs that you currently **HAVE** and those that you may be **INTERESTED** in:

SERVICE OR PROGRAM	HAVE	INTERESTED	SERVICE OR PROGRAM	HAVE	INTERESTED
Workman's Comp (Anniv. Date _____)	_____	_____	Retail/Inventory Financing	_____	_____
Property-Casualty Ins. (Anniv. Date _____)	_____	_____	Equipment Physical Damage Ins.	_____	_____
Health/Life Insurance	_____	_____	Bankcard Program	_____	_____
Dental Insurance	_____	_____	Discount Freight Program	_____	_____
Business Forms & Supplies	_____	_____	20 Groups (Dealer Forum)	_____	_____
Guides (Farm, Outdoor Power)	_____	_____	Flat Rate Guides	_____	_____
Cost of Doing Business Report	_____	_____	AgCareers.com	_____	_____
Computer Program(s)	_____	_____	Identity Theft Program	_____	_____

COMMENTS: \_\_\_\_\_

APPLICATION SUBMITTED BY: \_\_\_\_\_

\_\_\_\_\_ Name

\_\_\_\_\_ Date