



SALEEN CLUB OF AMERICA

2005 Poppy Pl  
Jeffersonville In 47131

http://www.saleenclubofamerica.com

Phone 812 283 6543  
saleenclub@hotmail.com.com

## DEALER MEMBERSHIP AGREEMENT

### DEALER - mailing address

NAME:

ADDRESS:

CITY/ST/ZIP

DEALER MEMBER NAME	EFFECTIVE DATE	CHOOSE TYPE OF DEALER MEMBERSHIP
		<input type="checkbox"/> REGULAR Option 1 <input type="checkbox"/> OWNER PAID Option 2

CHECK ONE	MEMBERSHIP PLAN	Description	Total Included
	REGULAR OPTION 1	\$200 PER YEAR, RENEWED ANNUALLY PAID ON SIGNING SUBMIT CHECK WITH FORM	
	PROVIDE OWNER MEMBERSHIP OPTION 2	\$200 ANNUALLY, BILLED SEMI ANNUALLY, \$25 CREDIT FOR EACH SALEEN OWNER SUBMITTED	N/C

Balance Due	
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#### PLEASE SIGN

I understand the cost of this Dealer Membership is \$200 annually and agree to include a check for said amount with this application unless I have selected the Dealer Membership Owner Sponsor above. Then the following are also a part of the terms.

I have read the requirements of the Dealer Membership Owner Sponsorship and agree to pay \$25 for each new Saleen Owner, at my dealership, to the Saleen Club of America, which will cover (1) years Membership for that owner in the SCOA, entitling that owner all of the benefits and privileges of SCOA membership.

I also understand and agree to submit prompt payment to the SCOA for any difference in the memberships paid and the \$200, which will be billed on a (6) month, semi annual basis. I will receive credit to the next period for any over (4) paid each (6) months.

It is further explained and I agree, that I am receiving a Dealer Sponsor Membership, valued at \$200, payable thru new Saleen Owner Memberships at \$25 each and this agreement can be renewed or terminated (1) year from the effective date.

*Please Print & Sign, with date*

Dealer representative  
Printed name of Representative \_\_\_\_\_

Signed and agreed to \_\_\_\_\_

Date Signed \_\_\_\_\_