



YES! I understand as an association member, I pledge to adhere to the code of ethics set forth for the betterment of my industry. By completing this form, I agree that NIADA, its affiliates and subsidiaries may contact me at the mailing address, business and cell numbers and email address provided here and that my consent is not required to make any purchase or as a condition of receiving any member benefits or other offers.

Print Name _____ Signature (application must be signed) _____ Date _____

Business Name _____ State Dealer License # _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Cell Phone _____ Email _____ Website _____

Name of Referral: _____

Executive Director: Matt Onnen
P.O. Box 1151 Sioux Falls, SD 57101
Phone: 605 310-8232
Email: sdiada1@gmail.com
Website: sdiada.com

SOUTH DAKOTA IADA ANNUAL MEMBERSHIP \$250

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