



CTIADA New Member Application

We need your most current information.

CONTACT NAME (FIRST) (LAST) DATE

NAME OF BUSINESS CT DEALER LICENSE NUMBER (IF APPLICABLE)

BUSINESS MAILING ADDRESS

CITY STATE ZIP

BUSINESS PHYSICAL ADDRESS

CITY STATE ZIP

BUSINESS PHONE NUMBER MOBILE PHONE NUMBER

BUSINESS EMAIL ADDRESS (WILL NOT BE SHARED)

BUSINESS WEBSITE ADDRESS

SIGNATURE DATE

Please return to:

CTIADA

Debbie Wright, Executive Director

185 Welton St.

Hamden, CT 06517

(475) 222-7507

New Dealer Member \$249 _____

Associate Member: \$499 _____