

Membership Application

Payment plan info
on page two!



Date: ___/___/___

Name _____

Company _____

Address _____

P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

Membership Dues*

Dues Amount

RV Dealer – National Dues (Single Annual Payment -- \$499) _____

OR

Monthly Dues Payment Option (\$41.59 per month*) _____

**Please Complete Debit Authorization Agreement (attached)*

Total Enclosed: _____

Method of Payment (Please Check One)

Check (Made Payable to RVDA) Credit Card (Please Check One)

VISA MasterCard AMEX Discover

Card# _____ Expiration Date _____ Sec. Code _____

Cardholder: _____ Cardholder's Signature: _____

CC Billing Address (If Different): _____

Mail this application to:
RVDA
3930 University Drive
Fairfax, VA 22030-2515
or FAX to: (703) 359-0152
info@rvda.org

Questions About RVDA Benefits?
Call Our Member Service Hotline
1-888-687-7832 or go to
www.rvda.org

RVDA dues are not tax deductible as a charitable contribution; however dues may be deductible as an ordinary business expense.



ACH Debit Authorization Agreement

Instructions: Complete this ACH Debit Authorization Agreement in its entirety and make a copy for your records

To ensure your request will not be delayed, please remember to attach a voided check or preprinted savings deposit ticket.

ACH Debit Authorization Agreement

You hereby authorize Recreation Vehicle Dealers Association of North America, hereinafter called RVDA to debit funds from your checking /savings account indicated at the Financial Institution indicated below. In the event of an error, you authorize RVDA to take any and all action required to correct the error. You understand that any debit returned to RVDA marked "insufficient funds or uncollected funds" will automatically be processed against the account a second time.

All authorizations and preprinted documents listed below must be received at RVDA 10 business days prior to date of debit.

Further, you agree not to hold RVDA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by you or by your financial institution or due to an error on the part of your financial institution in debiting the funds from my account.

This agreement will remain in effect until RVDA receives a written notice of cancellation from you of its termination in such time and manor as to afford the financial institutions involved a reasonable opportunity to act on it ,or until you submit a new ACH Debit Agreement Authorization form to RVDA.

The dollar amount indicated will be drawn from the account indicted below on the 5th of each month. If the 5th is on a weekend or holiday, the transaction will occur the next business day.

Account Information

Name of Financial Institution: _____

Branch, City, State & Zip: _____

ABA/Routing Number: _____

Monthly Debit: **\$41.59** _____

Account Number: _____

Checking

Savings

Signature

Signature: _____

Date: _____

Name & Title: _____

Phone: _____

By signing above, you certify that the information you have given on this ACH Debit Authorization for Direct Payments is complete, true, and submitted for the purpose selected above.

**RVDA, The National RV Dealers Association
3930 University Drive ~ Fairfax, VA 22030 ~ (703) 591-7130**