



Dealer Application Form

Name: _____

Business Name: _____

Address _____

City: _____ State _____ Zip _____

Telephone: HOME: (____) _____ CELL: (____) _____

E-MAIL: _____

Tax/Resale Number: _____ State: _____

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1. Are you a current member of NDGA? _____
2. Have you been a dealer at an NDGA Convention before? If yes, latest year: _____
(Step 3 is not necessary if you have been a dealer at an NDGA Convention within the last three years.)
3. Please list names of three dealer references. (Preferably NDGA Convention/Show Dealers.)

Dealer Signature: _____ Date _____

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If you have any questions or need more information, please email: VicePresident@NDGA.net.
Send the completed form to the following address and mark the outside of the envelope "Dealer Application."

NDGA Vice President
P.O. Box 8264
Wichita KS 67208

Revised: January 2008