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| 2019 COMPTROLLERS' ASSOCIATION ENROLLMENT FORM |
| **Dealership Name:** |  |
| **Dealership Number:** |  |
| **Comptroller/Office Manager Name:** |  |
| **Dealership Address:** |  |
|  |  |
| **Phone (office):** |  |
| **Phone (cell):** |  |
| **Email Address:** |  |
|  |  |
| The Association was established in 1982 with the objective to promote goodwill among the dealerships and knowledge of the accounting system among its members through networking and exchanging accounting techniques. The Organization is a non-union, non-partisan and non-profit organization whose members have the sole right to govern and control all of its activities.  |
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| Please enroll the Controller, Office Manager or CFO listed above from our Dealership in the Comptrollers' Association for 2019: |
| **Controller/Office Manager Information** |
| Number of years as an Association Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How long have you been at your current dealer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How long have you been with Toyota? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you attended a conference before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please check below which accounting system your dealer uses: |
|  Reynolds & Reynolds |  Dealer track |
|  CDK |  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Comptrollers' Association Annual Membership** |
|  Please check that your payment is attached for $750 made payable to: Southeast Comptrollers' Association |
| **Dealer Authorization Information** |  |
|  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 2019  |
|  |  |
| X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Dealer/Owner/General Manager |
|  |  |
| Please return to Ginger Heath  |
|  |
| Mail to: Toyota of New Bern- 5010 US-70 New Bern, NC 28560 |