



APPLICATION

NHADA LEGAL DEFENSE FUND

Dealership Name: _____

Dealer Principal: _____

Contact Person: _____

Law Firm: _____

Funds Requested: _____

Please provide a detailed description of the issue, any pertinent documentation, and reasons for the request in writing to the President of NHADA.

I, _____, am willing to provide additional information at the
(Dealer)

request of the Legal Defense Fund Committee and/or the NHADA Board of Directors and agree to abide by the Legal Defense Fund Guidelines.

Signature

Date

Please return this application, either by fax (603) 225-4895, or by mail to:

Peter J. McNamara, President
NHADA
P. O. Box 2337
Concord, NH 03302-2337