



WASHINGTON AUTOMOTIVE WHOLESALERS ASSOCIATION



Membership Application

I/We hereby make application for membership in Washington Automotive Wholesalers Association, a non-profit Washington corporation. Membership is subject to approval by the Board of Directors.

Applicant Firm Name _____ Phone: _____
 Location Address: _____ Toll Free: _____
 City: _____ State: _____ Zip: _____ Fax: _____
 Mailing Address: _____ Other: _____
 City: _____ State: _____ Zip: _____ No. Years / Months in Business: _____
 Web Site: _____ E-Mail Address: _____
 Owner's Name: _____ Manager's Name: _____

Number of Branch Stores: _____ Number of full time employees (30 hrs per week or more, including owners and branches): _____

Store Name: _____ Address: _____ Separate Corporation?: YES NO
 City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Manager: _____

Store Name: _____ Address: _____ Separate Corporation?: YES NO
 City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Manager: _____

Store Name: _____ Address: _____ Separate Corporation?: YES NO
 City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Manager: _____

Give a brief description of your business:

Your Legislative District: _____ Home (Owner/Manager) _____ Business _____

PLEASE SELECT TYPE OF MEMBERSHIP and PAYMENT OPTION

Group Member - Associations or groups related to the automotive industry may join as a group to allow their members to be eligible for services offered by Washington Automotive Wholesalers Association or any of its subsidiaries.

Up to 150 members \$180.00 Annually 151 to 500 members \$360.00 Annually Over 500 members \$600.00 Annually

Honorary Member - An owner who has retired from business and has been with a member firm for at least 10 years, and the firm has been a WAWA member for at least 10 years. \$ 75.00 Annually

Associate Member - Firms, corporations or individuals which provide service and/or products to the Association or its members, but are not related to the automotive industry. Firms, corporations or individuals related or unrelated to the automotive industry which are located outside the State of Washington. Types: Service Supplier of what _____ Out of State _____

Active Member Firms - corporations or individuals whose main business is the distribution, or preparing for distribution, including installation, of automotive parts, supplies, tools, equipment and accessories, and located in the State of Washington.

Which Type(s) Describes Your Business: Wholesaler Jobber Warehouse Distributor Machine Shop Rebuilder Auto Electric Remanufacturer Manufacturer Manufacturer's Representative Autobody Supply Auto Glass Retailer Installer Other _____

Program Distribution Affiliation: _____

We wish to pay our dues according to the following schedule: Please check the box for your payment option.

\$5 per payment installment fee.			\$5 per payment installment fee.				
	Quarter	Semi-Annual	Annual		Quarter	Semi-Annual	Annual
1 - 3 Employees	<input type="checkbox"/> \$ 42.50	<input type="checkbox"/> \$ 80.00	<input type="checkbox"/> \$150.00	12 - 19 Employees	<input type="checkbox"/> \$ 87.50	<input type="checkbox"/> \$170.00	<input type="checkbox"/> \$330.00
4 - 7 Employees	<input type="checkbox"/> \$ 57.50	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$210.00	20 - 40 Employees	<input type="checkbox"/> \$102.50	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$390.00
8 - 11 Employees	<input type="checkbox"/> \$ 72.50	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$270.00	41 & Over Employees	<input type="checkbox"/> \$132.50	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$450.00
				Branch Store Mailing	(optional, per branch) Qty: _____ x	<input type="checkbox"/> \$ 25.00	

All dues are payable upon receipt of dues billing. Failure to pay dues on a timely basis is cause for cancellation of membership and any benefits thereof. Annual dues are billed on April 1. Semi-Annual on April 1 and October 1. Quarterly on April 1, July 1, October 1 and January 1.

Signature: _____ Title: _____ Date: _____

Please Mail or Fax To:

Mailing Address: PO Box 12690 - Mill Creek, WA 98082-0690
 425-402-WAWA Fax: 425-402-9291 1-800-562-6520

Please save this PDF Document, then attach and mail to: info@washingtonautomotive.org