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Serving the Automotive Aftermarket Since 1960

GROUP MEMBER PROFILE

WAIA Membership is a prerequisite to participate in the WAIA Automotive Industry Health Plan.
Membership in the qualified association named is required to remain eligible to participate in the WAIA Health Trust.

We are a current member of (qualified association): _____

Firm Name: _____

Location Address: _____ Zip _____

Mailing Address: _____ Zip: _____

Owner Name/Title: _____

Email: _____

Contact Name/Title: _____

Email: _____

Phone: _____ Fax: _____ Website: _____

Number of Employees: _____ Years In Business: _____ UBI Nbr: _____

Type of Business (*Retail, Wholesale, WD, Repair, etc.*): _____ Nbr of Locations: _____