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Serving the Automotive Aftermarket Since 1960

MEMBER PROFILE / APPLICATION FORM

WAIA Membership is a prerequisite to participate in the WAIA Automotive Industry Health Plan. I/We hereby make application for membership in Washington Automotive Industry Association (WAIA), a non-profit Washington corporation. (Membership is subject to approval by the Board of Directors.)

Firm Name:				
Location Address:		City/Zip:	City/Zip:	
Mailing Address:		City/ Zip:		
Owner Name/Title:				
Email:				
Contact Name/Title:				
Email:				
Phone:	one: Fax:		Website:	
Number of Employees: Years In Business: _		UBI Nbr:		
Type of Business (Retail, Wholesale, WD, Repair, etc.):			Nbr of Locations:	
O 5 to 10 Employees O 11 to 20 Employees O 21 to 40 Employees		\$175.00 \$250.00 \$350.00		
O 40 and more Employees		\$450.00		
O Agency Affiliation		\$150.00		
Dues are payable with new app timely basis is cause for cancellat Please charge myVisa Name as appears on card:	ion of membership and any bene	fits of such membership.	Dues will be billed annually.	
Card Number:				

Date: _____