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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:		
Mailing Address:		City/ Zip:		
Owner Name/Title:				
Email:				
		······		
Email:				
		Website:		
Number of Employees: Years In Bu		Business: UBI N	siness: UBI Nbr:	
Type of Business (Retail, Wh	olesale, WD, Repair, etc.)	:	Nbr of Locations:	
O 1 to 4 Employees O 5 to 10 Employees O 11 to 20 Employees O 21 to 40 Employees O 40 and more Employees		\$100.00 \$175.00 \$250.00 \$350.00 \$450.00		
O Agency Affiliation		\$150.00		
timely basis is cause for cancell	lation of membership and	e payable upon receipt of dues billi d any benefits of such membership \$. Dues will be billed annually.	
Card Number:		Exp Date:	CVS:	
Signature:		Date:		