

Western Building Material Association

Application for Supplier/Associate Membership



I hereby make application to the Western Building Material Association for an Associate or Supplier Membership at a fee of \$295.00, which entitles my firm to all services of the association. Additional locations of my firm may be included in the membership directory and be entitled to the same membership privileges for an additional \$95 per year per location. As an Associate or Supplier member, I understand that this Association Membership does not entitle members of my firm to vote or hold office in the Association.

Firm Name _____ Contact Person _____ Title _____ Contact person to be listed in Membership Directory (if different than above): _____ Street Address _____ Mailing Address _____ City, State, Zip _____ Date _____ Signed _____ Title _____		Telephone _____ Fax _____ Email _____ Website _____ Manufacturer of product _____ Wholesale distributor of product _____ Service Organization (type of service) _____ _____ Other _____ Recruited by _____ (List any additional locations on back.)
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Our check for \$ _____ is enclosed Bill us

Credit Card: Mastercard Visa # _____ Exp. _____

Name as it appears on card _____ Security Code _____

Billing address _____ Zip Code _____

Signature _____ Date _____

All valuable financial information will be shredded after processing

Return application by mail or fax to:
Western Building Material Association,
P.O. Box 1699, Olympia, WA 98507-1699
Ph. 1-888-551-WBMA - Fax. (360) 943-1219

Contributions or gifts to Western Building Material Association are not deductible as charitable contributions for federal tax purposes; however, dues payments are deductible by members as an ordinary and necessary business expense, except that portion IRS disallows to the extent WBMA engages in lobbying. The current deduction is 15%.

Welcome to the WBMA member network!

As a new member I would like to start enjoying the benefits of WBMA right away. Along with my membership directory, please send information about the following:

- _____ Legislative advocacy and updates
- _____ Cost-saving programs for business forms, products, and services
- _____ Upcoming networking opportunities
- _____ Advertising opportunities
- _____ Annual industry summit
- _____ Property/Casualty insurance thru Indiana Lumbermens Mutual Ins.
- _____ Industry specific training programs and workshops (including selling skills, estimating, millwork, lien and bonds, etc.)
- _____ Educational program customized to suit my needs

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Additional Locations \$95 per year, per location.

Street Address _____

Mailing Address _____

City, State, Zip _____

Contact Person (1) _____

Contact Person (2) _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Contact Person (1) _____

Contact Person (2) _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Contact Person (1) _____

Contact Person (2) _____

Street Address _____

Mailing Address _____

City, State, Zip _____

Contact Person (1) _____

Contact Person (2) _____