

# 2024 Membership Western Building Material Association Application for Supplier/Associate



I hereby make application to the Western Building Material Association for an Associate or Supplier Membership at a fee of \$650.00, which entitles my firm to all services of the association. Additional locations of my firm are entitled to the same membership privileges for an additional \$125 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.)

***Please attach a listing of your additional locations with contact information: manager, address, phone, fax, and email.***

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, email or fax to:      WBMA - P.O. Box 1699 - Olympia, WA 98507-1699  
 Ph (360) 943-3054 - Fax (360) 943-1219  
 Email: [stephanie@wbma.org](mailto:stephanie@wbma.org) / [www.wbma.org](http://www.wbma.org)

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
- \_\_\_\_\_ Management and Sales Conferences
- \_\_\_\_\_ Property/Casualty Insurance thru Federated Mutual Insurance
- \_\_\_\_\_ 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) \_\_\_\_\_