

# 2025 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 \$125 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) \_\_\_\_\_