

2022

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 \$525.00, 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 \$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.)

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:
Western Building Material Association - P.O. Box 1699, Olympia, WA 98507
Ph. (360) 943-3054 - Fax. (360) 943-1219
Email: stephanie@wbma.org / 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
- _____ Annual industry summit
- _____ Property/Casualty insurance thru Pennsylvania 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) _____