



Western Association of Industrial Distributors

MEMBERSHIP APPLICATION FORM

First Name _____ MI _____ Last Name _____

Title _____

Company _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

E-Mail _____

Website _____

Distributor Manufacturer MFR. Representative Other _____

Please create a link from the WAID website to my company's website Yes No

Membership is held in the Company's name. For additional individuals to be included in your Company's membership and added to our mailing list, please list their names below.

Name	Address
_____	_____
_____	_____

Annual Dues: \$395 (calendar year)

Please make check payable to **WAID** or if paying by credit card, please fill out the information below:

VISA MasterCard AMX CC #: _____

Name on the Card: _____ Exp. Date: _____ Security Code: _____

Complete Billing Address: _____

Signature: _____ Date: _____

Please complete and mail this form, along with payment to the address below.
We appreciate your interest in our association.

WAID
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Carlsbad, CA 92008
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Fax: (916) 543-1612
E-mail: connie@waidonline.org