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www.WashingtonAutomotive.org

Serving the Automotive Aftermarket Since 1960

MEMBER PROFILE /APPLICATION FORM

WAIA Membership is a prerequisite to participate in the WAIA Automotive Industry Health Plan.

I/We hereby make application for membership in Washington Automotive Industry Association (WAIA), a non-profit Washington corporation. (Membership is subject to approval by the Board of Directors.)

Firm Name: _____

Location Address: _____ City/Zip: _____

Mailing Address: _____ City/ Zip: _____

Owner Name/Title: _____

Email: _____

Contact Name/Title: _____

Email: _____

Phone: _____ Fax: _____ Website: _____

Number of Employees: _____ Years In Business: _____ UBI Nbr: _____

Type of Business (Retail, Wholesale, WD, Repair, etc.): _____ Nbr of Locations: _____

MEMBERSHIP DUES SCHEDULE

Please check the appropriate boxes and enclose payment with your completed application.

Annual

- | | |
|--|----------|
| ☐ 1 to 4 Employees | \$100.00 |
| ☐ 5 to 10 Employees | \$175.00 |
| ☐ 11 to 20 Employees | \$250.00 |
| ☐ 21 to 40 Employees | \$350.00 |
| ☐ 40 and more Employees | \$450.00 |
| ☐ Agency Affiliation | \$150.00 |
| ☐ Group (Automotive Trade Association) | \$400.00 |

Dues are payable with new applications. All dues are payable upon receipt of dues billing. Failure to pay dues on a timely basis is cause for cancellation of membership and any benefits of such membership. Dues will be billed annually.

Please charge my ___Visa ___MC ___AMEX \$_____

Name as appears on card: _____

Card Number: _____ Exp Date: _____ CVS: _____

Signature: _____ Date: _____