



# 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: \$295 (calendar year)

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

VISA     MasterCard CC #: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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  
17235 N. 75th Ave., Ste. D145  
Glendale, AZ 85308  
Phone: (916) 850-5658  
Fax: (602) 789-9126  
E-mail: [connie@waidonline.org](mailto:connie@waidonline.org)