



AUTO BODY ASSOCIATION

MEMBERSHIP APPLICATION

POSITION YOUR BUSINESS AS A LEADER!

P.O. Box 3157, Mechanicsville, VA 23116-0028 Phone: (804) 396-0195 / Fax: (804) 335-1296
 Website: <http://www.wmaba.com> Email: info@wmaba.com

BUSINESS INFORMATION:

Representative Name: Mr. Mrs. Ms. _____

Title: _____

Business Name: _____

Street Address: _____

Mailing Address: _____

Phone: (____) _____ Fax (____) _____

Email: _____

 City State Zip

 City State Zip

Website: <http://> _____

INDUSTRY SEGMENT: Vendor Repairer Educator Other: _____

LIST OTHER SPECIALTIES: _____

OPTIONAL INFORMATION:

Date you started Business: _____ No. of Employees: _____ Is your Business a: Partnership Corporation Sole Proprietorship

Annual Gross Sales (Check One): Under \$100,000 \$100,000-\$250,000 \$250,000-\$500,000 \$250,000-\$500,000
 \$500,000-\$750,000 \$750,000-\$1,000,000 Over \$1,000,000

DUES OPTIONS:
 \$195 / Quarter
 (Total Dues payment: \$780 Annually)
 \$700 / Annually
(Save \$80 Annually)

METHOD OF PAYMENT:
 Check or Cash
 Credit Card
 Visa
 Mastercard

Card No: _____
 Expires: _____ Security Code: _____
 Signature: _____

What Motivated you to Join WMABA?: _____

PERSONAL INFORMATION (Optional):

Name: _____

Home Address: _____

 City State Zip

Home Phone: (____) _____ Birth Date: _____



PUT WMABA TO WORK FOR YOU TODAY!

Complete the Membership Application and return it with Payment to the Address at the top!

Just like good tools and equipment, membership in the Washington Metropolitan Auto Body Association is a valuable investment!



OFFICE USE

Check Number: _____ Amount: _____
 Date Joined: _____
 Credit Card Processed: Date: _____
 Membership Number: _____