



# MEMBERSHIP APPLICATION

POSITION YOUR BUSINESS AS A LEADER!

P.O. Box 3157, Mechanicsville, VA 23116-0028 Phone: (804) 789-9649 / Fax: (804) 335-1296  
 Website: <http://www.wmaba.com> Email: [info@wmaba.com](mailto: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 \$250,000  \$250,000—\$750,000  \$750,000—\$1,250,000  
 \$1,250,000—\$1,750,000  \$1,750,000—\$2,500,000  \$2,500,000 and Over

**DUES OPTIONS:**

\$195 / Quarter  
 (Total Dues payment: \$780 Annually)

\$700 / Annually *(Save \$80 Annually)*

Full-Time Instructor *(FREE OF CHARGE!)*

**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
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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: \_\_\_\_\_