

2015 Membership Promo
ends April 1, 2015



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

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 **1 QUARTER FREE**
- \$700 / Annually **\$200 OFF ANNUAL**
- 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 _____

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: _____