APPLICATION FOR MEMBERSHIP

Application is hereby made for Membership in the Woodworking Machinery Industry Association (WMIA). Upon receipt and approval of an application as provided by the procedures stated in the bylaws, the applicant may become a member of WMIA. It is understood that the first year’s dues shall accompany this application; dues are refundable if the application is not approved by the WMIA Board of Directors. Please mark the desired membership category as described in detail below.

Distributor Membership
Any firm, corporation, partnership or individual who sells industrial woodworking and sawmill machinery not of his own manufacture, direct to the user as a distributor, is for the purpose of the bylaws a woodworking machinery distributor. Machinery, as described herein, is defined as excluding tooling, supplies, hand tool and machines portable by hand. Any such woodworking machinery distributor, having been engaged in the distribution of woodworking machinery for at least one year prior to the submission of its application, is eligible for Active membership provided, however, if the applicant shall not meet this requirement but the principal or principals of the applicant shall have five consecutive years of employment in the industry, then the applicant shall be eligible for membership in the Association. For the purposes hereof, “principal” shall be a person having an ownership interest in the applicant entity and active in the day-to-day operations of the applicant.
Annual dues: $300

Importer Membership
Any firm, corporation, partnership or individual whose primary business is importing new industrial woodworking machinery and ancillary equipment, for the purpose of resale, for his or its own account, for the purpose of the bylaws, is a woodworking machinery importer. Any such woodworking machinery importer, having been engaged in the importation of woodworking machinery for at least one year prior to the submission of its application, is eligible for Active membership provided, however, that if the applicant shall not meet this requirement but the principal or principals of the applicant shall have five consecutive years of employment in the industry, then the applicant shall be eligible for membership in the Association. For the purposes hereof, “principal” shall be a person having an ownership interest in the applicant entity and active in the day-to-day operations of the applicants.
Annual Dues: $600

Associate Membership
Any firm, corporation, partnership or individual whose activities and specialized services support the Association’s basic purposes, or who does not meet the criteria of Importer or Distributor membership, who has been in business for a period of one or more years and renders specialized services to the Association and/or its members and the industry they represent, and who meet the criteria established by the Board of Directors, may be proposed for Associate Membership. Any applicant who is not eligible for active membership because it does not meet the years in business requirement of Article III, §1 or Article III, §6 shall be eligible for Associate Membership. Associate membership shall include, but is not limited to, law and accounting firms, trade publications, banks, finance, data processing, and public relations/advertising companies, and management consultants. Associate members shall not be entitled to vote, except with respect to the election of an Associate Member representative on the WMIA Board of Directors.
Annual Dues: $600

Educational Institution Membership
Educational Institutions that have an accredited woodworking curriculum may also apply for Associate membership. Employees, consultants, or either individuals affiliated with educational institutions shall not be eligible for membership, but may be designated as the educational institution’s representative to WMIA.
Annual Dues: $200
Company Information

Company Name______________________________________________________________

Name of Principal(s)__________________________________________________________

Address_______________________________________________________________________

City____________________________________ State____________ Zip_________________

Phone________________________________ Fax_____________________________________

Email________________________________ Date business started_____________________

Please attach a copy of state certificate of incorporation, or establishment, or other document confirming date business started.

Website_______________________________________________________________________

Briefly state the reasons for seeking membership in WMIA__________________________

Do you plan to attend the next IWF Show in ______________________________________

Do you plan to exhibit in IWF in the future?________________________________________

Please indicate your participation in past trade shows (year and show), and intentions for future shows.

____________________________________________________________________________

____________________________________________________________________________

Individual who will act as WMIA Contact__________________________________________

Title:__________________________________________________________________________________

Other individuals________________________________________________________________

Other association memberships____________________________________________________

Sponsored by____________________________________________________________________

Committee participation is an integral part of WMIA membership. Please indicate which of the following WMIA committees you are interested in:

☐ ANSI  ☐ Education  ☐ Finance  ☐ Marketing

☐ Membership  ☐ National Affairs  ☐ Technology

WOODWORKING MACHINERY INDUSTRY ASSOCIATION
225 Reinekers Lane, Suite 410, Alexandria, VA 22314 / 571-279-8340 / www.wmia.org
I am planning to apply for:

Application for Distributor Membership ☐

Machinery Manufacturers or importers represented
_________________________________
_________________________________
_________________________________
_________________________________

Length of time represented (years/months)
_________________________________
_________________________________
_________________________________
_________________________________

Application for Importer Membership ☐

Lines imported
_________________________________
_________________________________
_________________________________
_________________________________

Length of time represented (years/months)
_________________________________
_________________________________
_________________________________
_________________________________

Application for Associate Membership ☐

In the last three years, our company has worked with these companies (machinery importer, distributor and manufacturer)

Company name _____________________________________________________________
Address____________________________________________________________________
Phone___________________________     Fax_____________________________________

Company name _____________________________________________________________
Address____________________________________________________________________
Phone___________________________     Fax_____________________________________
WMIA Members must have a key contact who will receive all mailings for the Company, including the annual dues invoice. The majority of WMIA information is communicated via email. Please ensure we have the name and email address of your key contact and the additional people below, where applicable.

Company Name: ________________________________________________
Address: _________________________________________________________
City: __________________________ State: ______ Zip code: _____________
Telephone: _______________________ Fax: _____________________________
Email: ________________________ Website url: _______________________
Key Contact Name / Title: ___________________________________________
Key Contact Email: _______________ Spouse: _________________________

Additional contacts receive targeted communications on WMIA business function-specific programs and services.

Additional Contacts by Business Function:

Sales #1  Name: _______________________________ Email: ______________________
Sales #2  Name: _______________________________ Email: ______________________
Sales #3  Name: _______________________________ Email: ______________________
Sales #4  Name: _______________________________ Email: ______________________
Fin./Acctg. Name: __________________________ Email: ______________________
Operations Name: __________________________ Email: _______________________
H.R. Name: _________________________________ Email: _______________________  
International Name: _________________________ Email: _______________________
Mkt Research Name: _________________________ Email: _______________________
R&D/Engineering Name: ______________________ Email: ______________________

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