

## **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**

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

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



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: _____