

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: _____