



Join Today

MEMBERSHIP APPLICATION

Company:		
DBA Company Name if Applicable:		
Contact Name:	Title:	Cell Phone:
Email:		
Main Address:		
City:	State:	ZIP Code:
Company Phone:	E-mail:	Fax:
Toll-Free Number:	Date Service Began:	
Website Address:		
Total Vehicles: _____	Total Vehicles by Type: Sedans: ____ Vans: ____ SUVs: ____ Limousines: ____ Buses: ____ Wheelchair Accessible: ____	
Is your company a member of the National Limousine Association (NLA) ? ____ Yes ____ No		
Geographical Areas Served:		
MEMBERSHIP FEE: \$150.00		YEARLY RENEWALS \$50.00
SIGNATURE		
I certify that the above information is true and correct.		
Print Name:		
Signature :	Date:	
Wisconsin Limousine Association 433 E Chippewa Street Cadott, WI 54727 715-828-6004		
Website: www.wisconsinlimo.org		Email: admin@wisconsinlimo.org
Company information submitted on this application will be displayed on the WLA website.		